

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		Strawberry Soccer Invitational		Website URL:		StrawberrySoccer.com	
Hosting Organization		Approved - Sanctioned Tournament		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		John Ruffolo		Title		Phone _____ W	
Address		_____		Email		Phone _____ H	
City		_____		State		OH	
Zip Code		_____		Phone		_____ FAX	
State Association or Affiliate		_____		Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		Troy		OH		TEAM ENTRY DEADLINE: _____	
Date(s) of Tournament or Games		05/16/2014 - 05/18/2014		Estimated # of Teams		350	
Tournament or Games Director or Contact Person		David Pappas		Phone		(937) 684-9322 W	
Address		PO Box 251		Email		2014@strawberrysoccer.com H	
City		Troy		State		OH	
Zip Code		45373-0251		Phone		(937) 667-4553 FAX	

[illegible]

*List of types of teams and tournaments is on reverse side of this form.

- ☐ **RT RESTRICTED TOURNAMENT** –Open only to members of US Youth Soccer and its State Associations.
- ☐ Team will be restricted to teams within the state association ☒ Teams will be invited from all US Youth State Associations/Affiliates only.
- ☒ **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
- ☒ International _____
- ☒ Teams as listed: _____

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization

Date _____

APPROVAL

(For Official Use Only)STATE
ASSOCIATION OR AFFILIATE

Ohio Soccer Association

Date _____

By

Title

State Commissioner

