

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		2017 Ohio Elite Girls College Showcase		Website URL:		ohioelite.com	
Hosting Organization		District 1 - Buckeye		Type of Tournament:		<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec	
Designate Official of Hosting Organization		Jim Sturm		Title		Phone _____ W	
Address		Please update		Email		Phone (123) 456-7890 H	
City		city		State		OH	
				Zip Code		12345	
						Phone _____ FAX	
State Association or Affiliate				Guest Referees Applications Accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Tournament or Games		Cincinnati		OH		TEAM ENTRY DEADLINE:	
Date(s) of Tournament or Games		02/24/2017 - 02/26/2017		Estimated # of Teams		180	
Tournament or Games Director or Contact Person		Brian LeFevre				Phone (513) 205-1126 W	
Address		256 E Sharon Rd		Email		blefevre@ohioelite.com	
						Phone _____ H	
City		Cincinnati		State		OH	
				Zip Code		45246-4529	
						Phone _____ 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

