



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games The Battle REAL Website URL: www.thebattlereal.com
 Hosting Organization District 2 - Bellbrook Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Rob Reigelsperger Title _____ Phone _____ W
 Address PO Box 182 Email colleenbretland@gmail.com Phone (937) 842-4381 H
 City Bellbrook State OH Zip Code 45305-0182 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Bellbrook OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 10/03/2015 - 10/04/2015 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Colleen Bretland Phone (937) 842-4381 W
 Address PO Box 182 Email OFSCtournament@gmail.com Phone _____ H
 City Bellbrook State OH Zip Code 45305-0182 Phone _____ FAX _____

Age Groups Accepted	Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
S1-4 U08			X	12	3	25 min	6	X	3	\$475	
S1-4 U09			X	12	3	25 min	6	X	3	\$475	
S1-4 U10			X	14	3	30 min	8	X	3	\$500	
S1-4 U11			X	14	3	30 min	8	X	3	\$500	
S1-4 U12			X	14	3	30 min	8	X	3	\$500	
S1-4 U13			X	16	3	30 min	11	X	3	\$550	
S1-4 U14			X	16	3	30 min	11	X	3	\$550	

*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

