

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games			Starburst Soccer Spectacular			Website URL:			www.StarburstSoccer.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			Jim Cline			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			Westerville			OH			TEAM ENTRY DEADLINE: _____		
Date(s) of Tournament or Games			05/23/2014 - 05/25/2014			Estimated # of Teams			250		
Tournament or Games Director or Contact Person			Jim Cline Jim Sturm			Phone			(614) 420-5637 W		
Address			126 E College Ave			Email			info@StarburstSoccer.com H		
City			Westerville			State			OH		
Zip Code			43081-1614			Phone			(614) 898-9320 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

