

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Cincinnati West Soccerfest Website URL: http://www.cincinnatiwestsoccerfest.org/

Hosting Organization Approved - Sanctioned Tournament Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Jim Waldron Title _____ Phone _____ W

Address _____ Email _____ Phone _____ H

City _____ State OH Zip Code _____ Phone _____ FAX

State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Cincinnati OH **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 05/03/2014 - 05/04/2014 Estimated # of Teams 300

Tournament or Games Director or Contact Person Tim Klawitter Phone (513) 675-9884 W

Address 962 Cedarpark Dr Email sivvyk@fuse.net Phone _____ H

City Cincinnati State OH Zip Code 45233-4879 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

