

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games			Warren County College Invitational			Website URL:			www.wcsoccerclub.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			Mason OH			TEAM ENTRY DEADLINE:			_____		
Date(s) of Tournament or Games			05/23/2015 - 05/24/2015			Estimated # of Teams			28		
Tournament or Games Director or Contact Person			DupRon ScheweDup			Phone			(513) 509-4402 W		
Address			3845 Windy Hollow Way			Email			wcshowcasetd@gmail.com H		
City			Mason			State			OH		
Zip Code			45040-4809			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

