



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games adidas Blue Chip Womens Showcase Website URL: bluechipshowcase.com
 Hosting Organization District 1 - Cincinnati United Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Waldron Title _____ Phone _____ W
 Address 188 Hidden Hills Dr Email gcslsoccer1@gmail.com Phone _____ H
 City Fairfield State OH Zip Code 45014-8606 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Wilder OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 04/17/2015 - 04/19/2015 Estimated # of Teams 130
 Tournament or Games Director or Contact Person Lisa McIver Phone (214) 223-1295 W
 Address 1018 Town Drive Email lisa@kingshammer.com Phone _____ H
 City Wilder State OH Zip Code 41076 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	U14		X	18	4	70	11	X	3	\$695	
S1	U15		X	18	4	80	11	X	3	\$1050	
S1	U16		X	18	4	80	11	X	3	\$1050	
S1	U17		X	22	4	80	11	X	3	\$1050	
S1	U18		X	22	4	80	11	X	3	\$1050	

*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

