

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games			Metro FC College Showcase 2014- Boys and			Website URL:			www.metrofcshowcase.com		
Hosting Organization			District 2 - Miami Valley Youth Soccer			Type of Tournament:			<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec		
Designate Official of Hosting Organization			John Ruffolo			Title			Phone _____ W		
Address			update			Email			kenb8969@aol.com		
City			Dayton			State			OH		
Zip Code			45555			Phone			(937) 555-5555 H		
State Association or Affiliate						Guest Referees Applications Accepted			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Tournament or Games			Centerville			OH			TEAM ENTRY DEADLINE:		
Date(s) of Tournament or Games			11/14/2014 - 11/16/2014			Estimated # of Teams			96		
Tournament or Games Director or Contact Person			Kevin Arcuri			Phone			(937) 371-0869 W		
Address			9276 Somerset Dr			Email			kevinarcuri@aol.com		
City			Centerville			State			OH		
Zip Code			45458-5034			Phone			FAX		

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*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

