



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Gahanna Fall Open Website URL: \_\_\_\_\_  
Hosting Organization Ohio Soccer Association - Ohio Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization Ashley Bryant Title \_\_\_\_\_ Phone (513) 576-9555 W  
Address OSA Email office@osysa.com Phone (513) 576-9555 H  
City Maineville State OH Zip Code 45039 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
Date(s) of Tournament or Games 08/15/2025 - 08/17/2025 Estimated # of Teams 120  
Tournament or Games Director or Contact Person Hope LaRosa Phone (614) 824-8473 W  
Address PO Box 307121 Email hlarosa@gahannasoccer.com Phone \_\_\_\_\_ H  
City Columbus State OH Zip Code 43230-7121 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
S1-4	U09	All	X	X	14	3	50	7	X	3	545	
S1-4	U10	All	X	X	14	3	50	7	X	3	545	
S1-4	U11	All	X	X	16	3	50	9	X	3	595	
S1-4	U12	All	X	X	16	3	50	9	X	3	595	
S1-4	U13	All	X	X	18	4	60	11	X	3	645	
S1-4	U14	All	X	X	18	4	60	11	X	3	645	
S1-4	U15	All	X	X	18	4	60	11	X	3	645	

\*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: \_\_\_\_\_
- ☐ 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

