



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Party on the Pitch Website URL: www.partyonthepitchfc.com  
Hosting Organization Ohio Soccer Association - Ohio Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization John Ruffolo 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 Trenton OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
Date(s) of Tournament or Games 08/23/2024 - 08/25/2024 Estimated # of Teams 300  
Tournament or Games Director or Contact Person Jaimee Wilcox Phone (513) 515-2601 W  
Address PO Box 522 Email wilcox1999@gmail.com Phone \_\_\_\_\_ H  
City Trenton State OH Zip Code 45067-0522 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	s1-4	X	X	14	5	50	7	3	675	
S1-4	U10	s1-4	X	X	14	5	50	7	3	675	
S1-4	U11	s1-4	X	X	18	5	50	9	3	725	
S1-4	U12	s1-4	X	X	18	5	50	9	3	725	
S1-4	U13	s1-4	X	X	22	5	50	11	3	775	
S1-4	U14	s1-4	X	X	22	5	50	11	3	775	
S1-4	U15	s1-4	X	X	22	5	50	11	3	775	

\*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

