



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games BSA Haunted Classic Website URL: hauntedclassic.com
Hosting Organization District 2 - Beavercreek Soccer Assn Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
Designate Official of Hosting Organization John Ankeney Title _____ Phone _____ W
Address 2668 Blue Rock Dr Email jankeney@sbcglobal.net Phone (937) 427-9452 H
City Beavercreek State OH Zip Code 45434-6408 Phone (937) 427-9465 FAX
State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Beavercreek OH **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 10/19/2018 - 10/21/2018 Estimated # of Teams 600
Tournament or Games Director or Contact Person Tim Grinstead Rick Doyle Phone (513) 780-0001 W
Address PO Box 340123 Email director@hauntedclassic.com Phone _____ H
City Beavercreek State OH Zip Code 45434-0123 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 U08	Select		X	12	4	50	7	X	3	550	
S1-4 U09	Select	X	X	12	4	50	7	X	3	550	
S1-4 U10	Select	X	X	12	4	50	7	X	3	550	
S1-4 U11	select	X	X	15	4	50	9	X	3	575	
S1-4 U12	select	X	X	15	4	50	9	X	3	575	
S1-4 U13	select	X	X	18	4	60	11	X	3	650	
S1-4 U14	select	X	X	18	4	60	11	X	3	650	
S1-4 U15	select	X	X	18	4	60	11	X	3	650	

*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

