



US Youth Soccer/Ohio South Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Cincy Challenge Website URL: https://kingshammer.com/tournaments/
 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 (513) 576-9555 H
 City Maineville State KY Zip 45039 Fax _____
 State Association or Affiliate _____ Guest Referee Applications Accepted: Yes No
 Location of Tournament or Games Covington KY **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 09/23/2022 - 09/25/2022 Estimated # of Teams 175
 Tournament or Games Director or Contact Person Lisa McIver Phone (214) 223-1295 W
 Address 50 E Rivercenter Blvd, Ste 150 E-mail lisa@kingshammer.com H
 City Covington State KY Zip 41011-1683 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	All	X	X	10	5	50	5	X	3	\$325	
S1-4	U09	All	X	X	14	5	50	7	X	3	\$700	
S1-4	U10	All	X	X	14	5	50	7	X	3	\$700	
S1-4	U10	All	X	X	18	5	60	9	X	3	\$725	
S1-4	U11	All	X	X	18	5	60	9	X	3	\$725	
S1-4	U12	All	X	X	18	5	60	9	X	3	\$725	
S1-4	U12	All	X	X	22	5	60	11	X	3	\$775	
S1-4	U13	All	X	X	22	5	60	11	X	3	\$775	
S1-4	U14	All	X	X	22	5	60	11	X	3	\$775	
S1-4	U15	All	X	X	22	5	60	11	X	3	\$775	

- RT RESTRICTED TOURNAMENT** - US Youth Soccer Members and Affiliates only.
 Teams will be restricted to teams within the national state association. Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 Foreign 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 South Youth Soccer Association Date _____



By *Carol McIver* Title State Commissioner

APPROVED

Ohio South Youth Soccer - 25 Whitney Drive, Suite 104, Milford, Ohio 45150

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.