



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Womens Gateway Showcase Website URL: https://kingshammer.com/showcases/
 Hosting Organization District 1 - Greater Cincinnati Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization John Ruffolo Title _____ Phone _____ W
 Address 188 Hidden Hills Dr Email gcslsoccer1@gmail.com Phone _____ H
 City Fairfield State KY Zip Code 45014-8606 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Covington KY **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 11/10/2023 - 11/12/2023 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 Email lisa@kingshammer.com Phone _____ H
 City Covington State KY Zip Code 41011-2039 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 U14	All		X	22	5	70	11		3	\$1150	
S1-4 U15	All		X	22	5	80	11		3	\$1150	
S1-4 U16	All		X	22	5	80	11		3	\$1150	
S1-4 U17	All		X	22	5	80	11		3	\$1150	
S1-4 U18	All		X	22	5	80	11		3	\$1150	
S1-4 U19	All		X	22	5	80	11		3	\$1150	

*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

