



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 Ohio Galaxies Thanksgiving Showcase Website URL: www.ohiogalaxiesshowcase.com
 Hosting Organization District 2 - Miami Valley Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Mark Myton Title _____ Phone _____ W
 Address update Email kenb8969@aol.com Phone (937) 555-5555 H
 City Dayton State OH Zip Code 45555 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Dayton OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 11/23/2018 - 11/25/2018 Estimated # of Teams 80
 Tournament or Games Director or Contact Person Steven Pitchel Phone (937) 231-6819 W
 Address 5970 Mad River Rd Email steve@ohiogalaxies.com Phone _____ H
 City Dayton State OH Zip Code 45459-1559 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 U15	Competitive	X	X	18	6	80	11		3	800	
S1-4 U16	Competitive	X	X	18	6	80	11		3	800	
S1-4 U17	Competitive	X	X	22	6	80	11		3	800	
S1-4 U18	Competitive	X	X	22	6	80	11		3	800	
S1-4 U19	Competitive	X	X	22	6	80	11		3	800	

*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

