



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Ohio Fusion Soccer Classic Website URL: ohiofusionsoccerclassic.com
Hosting Organization District 2 - Bellbrook Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
Designate Official of Hosting Organization Robert Reigelsperger Title _____ Phone _____ W
Address PO Box 182 Email colleenbretland@gmail.com Phone (937) 842-4381 H
City Bellbrook State OH Zip Code 45305-0182 Phone _____ FAX _____
State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Bellbrook OH **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 09/29/2018 - 09/30/2018 Estimated # of Teams 150
Tournament or Games Director or Contact Person Colleen Bretland Phone (937) 842-4381 W
Address PO Box 182 Email OFSCtournament@gmail.com Phone _____ H
City Bellbrook State OH Zip Code 45305-0182 Phone _____ FAX _____

Age Groups Accepted		Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond
S1-4	U09	UT	X	X	12	4	50 min	7v7	X	3	475	
S1-4	U10	UT	X	X	12	4	50 min	7v7	X	3	475	
S1-4	U11	UT	X	X	14	4	50 min	9v9	X	3	500	
S1-4	U12	UT	X	X	14	4	50 min	9v9	X	3	500	
S1-4	U13	UT	X	X	18	4	60 min	11v11	X	3	525	
S1-4	U14	UT	X	X	18	4	60 min	11v11	X	3	525	
S1-4	U15	UT	X	X	18	4	60 min	11v11	X	3	525	

*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

