



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Gateway Showcase - Mens Website URL: http://kingshammer.com/gateway-showcase  
 Hosting Organization District 1 - Greater Cincinnati Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Mike Cook 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 11/15/2019 - 11/17/2019 Estimated # of Teams 90  
 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 U15	All levels	X		22	4	80	11		3	\$850	
S1-4 U16	All levels	X		22	4	80	11		3	\$850	
S1-4 U17	All levels	X		22	4	80	11		3	\$850	
S1-4 U18	All levels	X		22	4	80	11		3	\$850	
S1-4 U19	All levels	X		22	4	80	11		3	\$850	

\*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

