



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 Dublin Charity Cup Website URL: DublinSoccer.net
 Hosting Organization District 3 - Dublin Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Marcus Bryan Title _____ Phone (614) 793-8320 W
 Address PO Box 501 Email office@dublinsoccer.net Phone (614) 793-8320 H
 City Dublin State OH Zip Code 43017-0501 Phone (614) 793-9626 FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Dublin OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 09/04/2021 - 09/05/2021 Estimated # of Teams 160
 Tournament or Games Director or Contact Person John Muir Phone (614) 793-8320 W
 Address PO Box 501 Email CharityCup@DublinSoccer.net Phone _____ H
 City Dublin State OH Zip Code 43017 Phone (614) 793-9626 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 U09	All	X	X	14	4	50	7	X	3	535	
S1-4 U10	All	X	X	14	4	50	7	X	3	535	
S1-4 U11	All	X	X	16	4	50	9	X	3	560	
S1-4 U12	All	X	X	16	4	50	9	X	3	560	
S1-4 U13	All	X	X	18	4	60	11	X	3	585	
S1-4 U15	All	X	X	18	4	60	11	X	3	585	

*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

