

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 Blue Chip Showcase - Womens							Website URL: http://kingshammer.com/tournaments/blue-						
							of Tournament:			Recreational		ct & Rec	
$M^{\prime\prime}_{1}$, C_{1} , 1									F	Phone		W	
Address 188 Hidden Hills Dr Email gcslsoccer1@gmail.com										Phone		— н	
								45014-8606 Phone FAX					
State	Association or			_			Guest Refe	erees Application	s Accepted	☐ Yes	 ; П	No	
Location of Tournament or Games Covington KY TEAM ENTRY DEADLINE:													
Date(s) of Tournament or Games 04/22/2022 - 04/24/2022							Estimated # of Teams 290						
	` '	es Director or Contact Person		Phone (214) 223-1295 W									
Address 50 E Rivercenter Blvd, Ste 150 Email lisa@							kingshammer.com						
City Covington State KY							Zip Code 41011-2039 Phone FAX						
									···				
Age Ac	e Groups cepted	Type(s) of Team	В	G	Roster Size	# Guest Players	Length Of	# Players	Awards	Mininimum # of	Entry Fee	Bond	
S1-3	U14	Accepted Elite	T	X	22	Allowed 4	Games 70	on Field 11	X	Games 3	\$850		
S1-3	U15	Elite		X	22	4	80	11		3	\$1300		
S1-3	U16	Elite		X	22	4	80	11		3	\$1300		
S1-3	U17	Elite		X	22	4	80	11		3	\$1300		
S1-3	U18	Elite		X	22	4	80	11		3	\$1300		
S1-4	U19	Elite	_	X	22	4	80	11		3	\$1300	ļ	
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	*List o	f types of teams and tournaments	is on r	everse	side of this f	orm.							
	□R	T RESTRICTED TOURNAMENT -O	oen onl	v to me	embers of US	Youth Soccer an	d its State Assoc	ciations.					
		·		,		***							
		eam will be restricted to teams within	the sta					nvited from all US	S Youth Stat	e Associations/A	Affiliates only.		
✓ UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: International													
∑ Teams as listed:													
	The Ho	osting Organization agrees to be bour	nd by a	nd con	ply with the te	erms contained in	the TOURNAM	ENT AND GAME	S HOSTING	}			
	AGRE	EMENT and all applicable rules of the	appro	ving St	ate Associatio	n or Affiliate.							
Signature of Designated Official of Hosting									Date				
Organization									Dak	<i>,</i>			
	APPI	ROVAL											
				_	_								
(For Official Use Only)STATE Ohio Soccer Association ASSOCIATION OR AFFILIATE Date													
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By Title _								Title	State Commissioner				
	Ő	HIO											
_	SOCCER	ASSOCIATION											
	APPI	ROVED											