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## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Queen City Cup Website URL: https://system.gotsport.com/event\_regs/  
Hosting Organization Ohio Soccer Association - Ohio Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization John Ruffolo Title \_\_\_\_\_ Phone (513) 576-9555 W  
Address OSA Email office@osysa.com Phone (513) 576-9555 H  
City Maineville State OH Zip Code 45039 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
Location of Tournament or Games Cincinnati OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
Date(s) of Tournament or Games 09/06/2024 - 09/08/2024 Estimated # of Teams 100  
Tournament or Games Director or Contact Person Grant Leckie Phone (513) 957-0477 W  
Address 9636 Timbermill Ct Email gleckie@starrush.org Phone \_\_\_\_\_ H  
City Cincinnati State OH Zip Code 45231-2636 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	U08	X	X	10	3	40	5	X	3	250	
S1-4	U09	X	X	12	3	40	7	X	3	650	
S1-4	U10	X	X	12	3	40	7	X	3	650	
S1-4	U11	X	X	15	3	50	9	X	3	700	
S1-4	U12	X	X	15	3	50	9	X	3	700	
S1-4	U13	X	X	18	5	70	11	X	3	750	
S1-4	U14	X	X	18	5	70	11	X	3	750	
S1-4	U15	X	X	18	5	80	11	X	3	750	

\*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

