

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games			Van Buren Fall Classic			Website URL:					
Hosting Organization			Ohio South STATE - Ohio South State League			Type of Tournament:			<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec		
Designate Official of Hosting Organization			John Ruffolo			Title			Phone _____ W		
Address			0 _____			Email			Phone (000) 111-0000 H		
City			0 _____			State			OH		
						Zip Code			00000		
						Phone			_____ FAX		
State Association or Affiliate _____						Guest Referees Applications Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No					
Location of Tournament or Games			Findlay OH			TEAM ENTRY DEADLINE: _____					
Date(s) of Tournament or Games			10/09/2021 - 10/10/2021			Estimated # of Teams			60		
Tournament or Games Director or Contact Person			Sarah Hanna			Phone			(419) 303-6911 W		
Address			15453 Cain Ridge Ln			Email			vbysatournament@gmail.com H		
City			Findlay			State			OH		
						Zip Code			45840-8764		
						Phone			_____ FAX		

[illegible]

*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

