



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 GC Summer Slam Rec Tournament Website URL: www.6v6Soccer.com
 Hosting Organization District 3 - Grove City Kids Association Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Bill Boyer Title _____ Phone _____ W
 Address 4570 Haughn Rd Email gckasports@yahoo.com Phone (614) 871-0080 H
 City Grove City State OH Zip Code 43123 Phone _____ 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 06/08/2019 - 06/09/2019 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Gene DeWeese Phone (614) 353-2781 W
 Address 3242 Iveswood Ct Email admin@6v6soccer.com Phone _____ H
 City Dublin State OH Zip Code 43017-1861 Phone _____ FAX _____

Age Groups Accepted		Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond
S1-4	U08	All	X	X	U8	yes	40 min	6	X	3	250	
S1-4	U10	All	X	X	U10	yes	40 min	6	X	3	250	
S1-4	U12	All	X	X	U10	yes	40 min	6	X	3	250	
S1-4	U14	All	X	X	U10	yes	40 min	6	X	3	250	
S1-4	U16	All	X	X	u16	yes	40 min	6	X	3	250	
S1-4	U18	All	X	X	u18	yes	40 min	6	X	3	250	

*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

