



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Adam Schuster Memorial Soccer Website URL: http://schustersoccertourney.com/
 Hosting Organization Ohio South STATE - Ohio South Youth Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Karl Schuster 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 Mansfield OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 10/29/2021 - 10/31/2021 Estimated # of Teams 40
 Tournament or Games Director or Contact Person Karl Schuster Phone (419) 512-7180 W
 Address 889 Duke Ave Email schustertourney@gmail.com Phone _____ H
 City Mansfield State OH Zip Code 44905-1501 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
S1-3 U10	All	X	X	14	4	50 min	7	X	3	\$325	
S1-3 U11	All	X	X	16	4	50 min	9	X	3	\$375	
S1-3 U12	All	X	X	16	4	50 min	9	X	3	\$325	
S1-3 U13	All	X	X	20	4	60	11	X	3	\$450	
S1-3 U14	All	X	X	20	4	60	11	X	3	\$450	
S1-3 U15	All	X	X	20	4	60	11	X	3	\$450	

*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

