



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Midwest Fall Cup Website URL: www.midwestfallcup.com
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 West Chester OH **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 09/14/2024 - 09/15/2024 Estimated # of Teams 150
Tournament or Games Director or Contact Person Jason Slayton Phone (937) 527-3843 W
Address PO Box 212 Email tournament@lakotafc.org Phone _____ H
City West Chester State OH Zip Code 45071 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	U09	B, C, D	X	X	16	5	50 min	7	X	3	700	
S1-4	U10	B, C, D	X	X	16	5	50 min	7	X	3	700	
S1-4	U11	B, C, D	X	X	18	5	60 min	9	X	3	750	
S1-4	U12	B, C, D	X	X	18	5	60 min	9	X	3	750	
S1-4	U13	B, C, D	X	X	30	5	60 min	11	X	3	800	
S1-4	U14	B, C, D	X	X	30	5	60 min	11	X	3	800	
S1-4	U15	B, C, D	X	X	30	5	60 min	11	X	3	800	

*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

