



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 BSA Haunted Classic Website URL: hauntedclassic.com
 Hosting Organization District 2 - Miami Valley Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Mark Myton Title _____ Phone _____ W
 Address update Email kenb8969@aol.com Phone (937) 555-5555 H
 City Dayton State OH Zip Code 45555 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Dayton OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 10/22/2021 - 10/24/2021 Estimated # of Teams 550
 Tournament or Games Director or Contact Person Tim Grinstead Phone (937) 313-3889 W
 Address PO Box 341530 Email director@hauntedclassic.com Phone _____ H
 City Dayton State OH Zip Code 45434-1530 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	UT	X	X	12	3	60	7	3	600	
S1-4	U09	UT	X	X	12	3	60	7	3	600	
S1-4	U10	UT	X	X	12	3	60	7	3	600	
S1-4	U11	UT	X	X	14	3	60	9	3	650	
S1-4	U12	UT	X	X	14	3	60	9	3	650	
S1-4	U13	UT	X	X	18	3	70	11	3	725	
S1-4	U14	UT	X	X	18	3	70	11	3	725	
S1-4	U15	UT	X	X	18	3	70	11	3	725	

*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

