



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 Ohio Galaxies FC Girls Showcase Website URL: www.ohiogalaxiesshowcase.com
 Hosting Organization District 2 - old Miami Valley Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Ken Baldeosing 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 Alpha OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 03/04/2022 - 03/06/2022 Estimated # of Teams 126
 Tournament or Games Director or Contact Person Sid van Druenen Phone (937) 520-7188 W
 Address PO Box 72 Email info@ohiogalaxies.com Phone _____ H
 City Alpha State OH Zip Code 45301 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 U14	All		X	22	6	80	11		3	\$950	
S1-4 U15	All		X	22	6	80	11		3	\$950	
S1-4 U16	All		X	22	6	80	11		3	\$950	
S1-4 U17	All		X	22	6	80	11		3	\$950	
S1-4 U18	All		X	22	6	80	11		3	\$950	
S1-4 U19	All		X	22	6	80	11		3	\$950	

*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

