

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games			ODU Turf Challenge			Website URL:			www.oduturfchallenge.com		
Hosting Organization			District 3 - Sporting Columbus Recreational			Type of Tournament:			<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> Select & Rec		
Designate Official of Hosting Organization			Jeffrey Warren			Title			Phone _____ W		
Address 1			Black and Gold Blvd			Email			jwarren@columbuscrewsc.com		
City			Columbus			State			OH		
Zip Code			43211-2091			Phone			(614) 284-9746 H		
State Association or Affiliate						Guest Referees Applications Accepted			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Tournament or Games			Columbus			OH			TEAM ENTRY DEADLINE:		
Date(s) of Tournament or Games			03/22/2019 - 03/25/2019			Estimated # of Teams			32		
Tournament or Games Director or Contact Person			Jeffrey Warren			Phone			(614) 284-9746 W		
Address			268 S Cassady Ave			Email			oduturfchallenge@aol.com		
City			Columbus			State			OH		
Zip Code			43209-1720			Phone			FAX		

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*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

