



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games The Junior Cup Website URL: www.thejuniorcup.com  
 Hosting Organization District 3 - Crew SC Recreational League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
 Designate Official of Hosting Organization Jeffrey Warren Title \_\_\_\_\_ Phone \_\_\_\_\_ W  
 Address 1 Black and Gold Blvd Email jwarren@columbuscrewsc.com Phone (614) 284-9746 H  
 City Columbus State OH Zip Code 43211-2091 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
 Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
 Date(s) of Tournament or Games 05/10/2019 - 05/12/2019 Estimated # of Teams 150  
 Tournament or Games Director or Contact Person Jeffrey Warren Phone (614) 284-9746 W  
 Address 268 S Cassady Ave Email oduturfchallenge@aol.com Phone \_\_\_\_\_ H  
 City Columbus State OH Zip Code 43209-1720 Phone \_\_\_\_\_ FAX \_\_\_\_\_

Age Groups Accepted		Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond
S1-4	U08	All	X	X	14	4	25	7		3	420	
S1-4	U09	All	X	X	14	4	25	7	X	3	420	
S1-4	U10	All	X	X	14	4	25	7	X	3	420	
S1-4	U10	All	X	X	16	4	25	9	X	3	420	
S1-4	U11	All	X	X	16	4	25	9	X	3	420	
S1-4	U12	All	X	X	16	4	25	9	X	3	420	

\*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

