



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Cincinnati Elite Spring Thaw Website URL: http://kingshammer.com/tournaments/
 Hosting Organization District 1 - Greater Cincinnati Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Waldron Title _____ Phone _____ W
 Address 188 Hidden Hills Dr Email gcsoccer1@gmail.com Phone _____ H
 City Fairfield State OH Zip Code 45014-8606 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Wilder OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 03/15/2019 - 03/17/2019 Estimated # of Teams 240
 Tournament or Games Director or Contact Person Jeremy Robertson Phone (859) 442-5800 W
 Address 1018 Town Dr. Email jeremy@kingshammer.com Phone _____ H
 City Wilder State OH Zip Code 41076 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	U09	S1	X	X	16	3	50	7v7	X	3	650	
S1	U10	S1	X	X	16	3	50	7v7	X	3	650	
S1	U11	S1	X	X	16	3	60	9v9	X	3	742	
S1	U12	S1	X	X	16	3	60	9v9	X	3	742	
S1	U13	S1	X	X	22	3	60	11v11	X	3	795	
S1	U14	S1	X	X	22	3	60	11v11	X	3	795	

*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

