



Please Type or Print Clearly – Do Not Staple

## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games SFP Thunderbolt Kickoff Website URL: https://sportsforceparkssandusky.com/  
Hosting Organization District 1 - Bay Area Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization Will Spence Title \_\_\_\_\_ Phone \_\_\_\_\_ W  
Address 7228 Columbia Rd, Ste 900 Email \_\_\_\_\_ Phone (513) 576-9555 H  
City Maineville State OH Zip Code 45039-8088 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
Location of Tournament or Games Sandusky OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
Date(s) of Tournament or Games 08/24/2024 - 08/25/2024 Estimated # of Teams 30  
Tournament or Games Director or Contact Person Mike Virgin Phone (419) 502-2524 W  
Address 3115 Cleveland Rd Email mvirgin@sportsforceparks.com Phone \_\_\_\_\_ H  
City Sandusky State OH Zip Code 4470 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 U09	ALL	X	X	12	2	50	14	X	3	575	
S1-4 U10	ALL	X	X	12	2	50	14	X	3	575	
S1-4 U11	ALL	X	X	15	2	50	18	X	3	600	
S1-4 U12	ALL	X	X	15	2	50	18	X	3	600	
S1-4 U13	ALL	X	X	18	2	60	22	X	3	625	
S1-4 U14	ALL	X	X	18	2	60	22	X	3	625	
S1-4 U15	ALL	X	X	18	2	60	22	X	3	625	

\*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

