



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 Fall Turf Fest Website URL: www.turffest.com
Hosting Organization District 2 - Miami Valley Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
Designate Official of Hosting Organization Ken Baldeosingh 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 11/02/2018 - 11/04/2018 Estimated # of Teams 96
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	Mininimum # of Games	Entry Fee	Bond
S1-4	U09	All	X	X	13	13	50min	7	X	3	\$500	
S1-4	U10	All	X	X	13	13	50min	7	X	3	\$500	
S1-4	U11	All	X	X	15	15	50min	9	X	3	\$600	
S1-4	U12	All	X	X	15	15	50min	9	X	3	\$600	
S1-4	U13	All	X	X	18	18	60min	11	X	3	\$700	
S1-4	U14	All	X	X	18	18	60min	11	X	3	\$700	
S1-4	U15	All	X	X	18	18	60min	11	X	3	\$700	

*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

