

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 Black Swamp Shootout							Website URL: coryrawsonsoccer.demosphere-secure.com						
Hosting Organization Ohio South STATE - Ohio South Youth							e of Tournament	:: Select		Recreational		ct & Rec	
Designate Official of Hosting Organization Aaron Reese Title									F	Phone (513) 5	576-9555	W	
Address OSA Email office@osysa.com Phone (513) 576-9555 H													
City	Mainevill	e		St	tate OH	Zip C	ode <u>45039</u>		F	Phone		FAX	
State	Association or	Affiliate			·		Guest Ref	erees Application	s Accepted	☐ Yes		No	
Location of Tournament or Games Jenera OH TEAM ENTRY DEADLINE:													
Date(s) of Tournament or Games 10/16/2021 - 10/17/2021							Estimated # of Teams 30						
Tournament or Games Director or Contact Person Aaron Reese									Pł	none (419) 72	21-4236	W	
Address 8680 County Road 26 Email holly							kwalters@yahoo.com						
City Jenera				State OH			Zip Code 45841			Phone			
		Type(s) of	ı					T #	т —			FAX	
Age Ac	e Groups cepted	Type(s) of Team Accepted	В	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond	
S 1	U12	Rec	X	X	14	3	50	9		2	260.00		
S1	U15	Rec	X	X	18	3	60	11		2	260.00		
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			+										
			+						-				
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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													
	4 D.D.	DOV/A1											
		ROVAL											
(For Official Use Only)STATE Ohio Soccer Association ASSOCIATION OR AFFILIATE								Date					
ASSOCIATION OR AFFILIATE Date								State Commissioner					
_	= APP	By						Title					