



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games CUSA Cup Website URL: www.cusacup.com
 Hosting Organization District 6 - Miami Valley Youth Soccer Assn Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Mark Myton Title _____ Phone _____ W
 Address 7228 Columbia Rd, Ste 900 Email _____ Phone (513) 576-9555 H
 City Maineville State IN Zip Code 45039-8088 Phone _____ FAX
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Westfield IN **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 09/03/2022 - 09/04/2022 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Brent Paulson Phone (317) 363-2266 W
 Address 17437 Carey Rd Email bpaulson@sbdournaments.com Phone _____ H
 City Westfield State IN Zip Code 46074-9439 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	S1-S4	X	X	22	unlim	50	7	X	3	595	
S1-4 U10	S1-S4	X	X	22	unlim	50	7	X	3	595	
S1-4 U11	S1-S4	X	X	22	unlim	60	9	X	3	795	
S1-4 U12	S1-S4	X	X	22	unlim	60	9	X	3	795	
S1-4 U13	S1-S4	X	X	22	unlim	60	11	X	3	895	
S1-4 U14	S1-S4	X	X	22	unlim	60	11	X	3	895	
S1-4 U15	S1-S4	X	X	22	unlim	60	11	X	3	895	

*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

