



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 Warren County College Invitational Website URL: https://warrencountysa.com/
 Hosting Organization District 3 - Buckeye Premier Youth Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Sturm Title _____ Phone _____ W
 Address 670 Lakeview Plaza Blvd Ste D Email jimsturm@aol.com Phone (614) 436-6775 H
 City Worthington State OH Zip Code 43085-4783 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Mason OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 06/05/2020 - 06/07/2020 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Bob Downs Phone (513) 324-7557 W
 Address PO Box 1105 Email tournamentdirector@wcsoccerclub.com Phone _____ H
 City Mason State OH Zip Code 45040 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 U14	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U15	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U16	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U17	All teams welcome	X	X	22	6	70	11		3	675	
S1-4 U18	All teams welcome	X	X	22	6	70	11		3	675	
S1-4 U19	All teams welcome	X	X	22	6	70	11		3	675	

*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 _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Ohio Soccer Association

Date _____

By _____

Title _____

State Commissioner





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 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Mason OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 06/05/2020 - 06/07/2020 Estimated # of Teams 60
 Tournament or Games Director or Contact Person Mike Dwyer Phone (513) 235-0294 W
 Address PO Box 1105 Email mdwyer@wcsoccerclub.com Phone _____ H
 City Mason State OH Zip Code 45040-6105 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 U14	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U15	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U16	All teams welcome	X	X	18	6	70	11		3	675	
S1-4 U17	All teams welcome	X	X	22	6	70	11		3	675	
S1-4 U18	All teams welcome	X	X	22	6	70	11		3	675	
S1-4 U19	All teams welcome	X	X	22	6	70	11		3	675	

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