

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 Womens Blue Chip Showcase							Website URL: https://kingshammersbd.com/tournaments-					
								: Select		Recreational	☐ Selec	t & Rec
Desi	gnate Official of	Hosting Organization John Ruf			F	ohone (513) 5	576-9555	W				
Address OSA Email office@osysa.com Phone (513) 576-9555											— н	
City	Mainevill							 F	Phone		FAX	
State	Association or					·		erees Application	s Accepted	☐ Yes		No
	tion of Tournam					KY		M ENTRY DEAD	•		_	
Date(s) of Tournament or Games 04/17/2026 - 04/19/2026							Estimated # of Teams 320					
Tournament or Games Director or Contact Person Lisa McI					cIver					hone (214) 22	23-1295	W
Address 50 E Rivercenter Blvd					lmciver@kingshammersbd.co					hone		— Н
City Covington					tate KY	7in (Zip Code 41011-1683			hone		— ··· FAX
									_ '/\			
Ac	Groups cepted	Type(s) of Team Accepted	В	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Fee	Bond
S1	U13	Elite	1	X	22 22	5	70	11	X	3	\$1200	
S1 S1	U14	Elite	-	X		5	70	11	X	3	\$1200	
	U15	Elite	+	X	22	5	80	11	<u> </u>	3	\$1695	
S1	U16	Elite	+	X	22	5	80	11		3	\$1695 \$1695	
S1 S1	U17 U18	Elite Elite	+	X	22	5	80	11	<u> </u>	3	\$1695	
S1	U19	Elite	+	X	22	5	80	11		3	\$1695	
51	017	Ente		- 1							φ10/3	
			_							<u> </u>		
	□ R	of types of teams and tournaments T RESTRICTED TOURNAMENT -O eam will be restricted to teams within T UNRESTRICTED TOURNAMENT	pen onl	y to me	embers of US	Youth Soccer an	Teams will be i	ciations. nvited from all US	S Youth Stat	te Associations/A	Affiliates only.	
	In	iternational eams as listed:										
	AGRE	osting Organization agrees to be bour EMENT and all applicable rules of the re of Designated Official of Hosting ation	-		ate Associatio				S HOSTING	3 Date	e	
	۰ ما م											
		ROVAL										
(For Official Use Only)STATE Ohio Soccer Association ASSOCIATION OR AFFILIATE Date of the control of th								Date				
6.111								T:0 ·	State Commissioner			
_	= APPI	By						Title				