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## APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Queen City Cup Website URL: https://starrush.org/events/queen-city-cup/  
Hosting Organization Ohio Soccer Association - Ohio Soccer Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec  
Designate Official of Hosting Organization John Ruffolo Title \_\_\_\_\_ Phone (513) 576-9555 W  
Address OSA Email office@osysa.com Phone (513) 576-9555 H  
City Maineville State OH Zip Code 45039 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted ☐ Yes ☐ No  
Location of Tournament or Games Middletown OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_  
Date(s) of Tournament or Games 09/05/2025 - 09/07/2025 Estimated # of Teams 150  
Tournament or Games Director or Contact Person Grant Leckie Phone (513) 957-0477 W  
Address 6344 Ashdale Ct Email gleckie@starrush.org Phone \_\_\_\_\_ H  
City Middletown State OH Zip Code 45044-8607 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
S1-3	U08	USYS / US Club	X	X	10	4	25	5	3	250	
S1-3	U09	USYS / US Club	X	X	14	4	25	7	3	700	
S1-3	U10	USYS / US Club	X	X	14	4	25	7	3	700	
S1-3	U11	USYS / US Club	X	X	22	4	30	9	3	750	
S1-3	U12	USYS / US Club	X	X	22	4	30	9	3	750	
S1-3	U13	USYS / US Club	X	X	22	4	35	11	3	795	
S1-3	U14	USYS / US Club	X	X	22	4	35	11	3	795	

\*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

