



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Mens Gateway Showcase Website URL: https://kingshammersbd.com/tournaments-
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 KY Zip Code 45039 Phone _____ FAX _____
State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Covington KY **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 11/21/2025 - 11/23/2025 Estimated # of Teams 180
Tournament or Games Director or Contact Person Lisa McIver Phone (214) 223-1295 W
Address 50 E Rivercenter Blvd Email lmciver@kingshammersbd.com Phone _____ H
City Covington State KY Zip Code 41011-1683 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	U13	All levels	X		22	5	70	11		3	\$1295	
S1-3	U14	All levels	X		22	5	70	11		3	\$1295	
S1-3	U15	All levels	X		22	5	80	11		3	\$1295	
S1-3	U16	All levels	X		22	5	80	11		3	\$1295	
S1-3	U17	All levels	X		22	5	80	11		3	\$1295	
S1-3	U18	All levels	X		22	5	80	11		3	\$1295	
S1-3	U19	All levels	X		22	5	80	11		3	\$1295	

*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

