



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Buckeye September Showdown Website URL: https://www.cincinnatiunitedsc.com/
Hosting Organization District 1 - Cardinal Premier League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
Designate Official of Hosting Organization Steve Wood Title _____ Phone _____ W
Address 188 Hidden Hills Dr Email gcsoccer1@gmail.com Phone _____ H
City Fairfield State OH Zip Code 45014-8606 Phone _____ FAX
State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Trenton OH **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 09/13/2025 - 09/14/2025 Estimated # of Teams 150
Tournament or Games Director or Contact Person Franco Carotenuto Phone (480) 889-4628 W
Address PO Box 422 Email director@tournamentgurus.com Phone _____ H
City Trenton State OH Zip Code 45067-0422 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	s1-4	X	X	12	6	50	7	X	3	725	
S1-4	U10	s1-4	X	X	12	6	50	7	X	3	725	
S1-4	U11	s1-4	X	X	16	6	60	9	X	3	775	
S1-4	U12	s1-4	X	X	16	6	60	9	X	3	775	
S1-4	U13	s1-4	X	X	18	6	60	11	X	3	825	
S1-4	U14	s1-4	X	X	18	6	60	11	X	3	825	
S1-4	U15	s1-4	X	X	18	6	60	11	X	3	825	

*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

