



A Proud Member of US Soccer  
 Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly – Do Not Staple

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Van Buren Fall Classic Website URL: \_\_\_\_\_

Hosting Organization District 1 - Van Buren Youth Soccer Assn Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Stephanie Bisbee Title \_\_\_\_\_ Phone \_\_\_\_\_ W

Address 7228 Columbia Rd, Ste 900 Email \_\_\_\_\_ Phone (740) 819-8844 H

City Maineville State OH Zip Code 45039-8088 Phone \_\_\_\_\_ FAX

State Association or Affiliate \_\_\_\_\_ Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Van Buren OH **TEAM ENTRY DEADLINE:** \_\_\_\_\_

Date(s) of Tournament or Games 10/11/2024 - 10/13/2024 Estimated # of Teams 50

Tournament or Games Director or Contact Person Brooke Kaufman Phone (419) 575-2249 W

Address 12829 SR-613 Email vbysatournament@gmail.com Phone \_\_\_\_\_ H

City Van Buren State OH Zip Code 45889 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
RT U08	Girls U8		X	10	2	40 min	6	X	3	125.00	X
RT U08	Coed U8	X	X	10	2	40 min	6	X	3	125.00	X
RT U10	Girls U10		X	12	2	40 min	7	X	3	125.00	X
RT U10	Coed U10	X	X	12	2	40 min	7	X	3	125.00	X

\*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 *Stephanie Bisbee* Title State Commissioner

