

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		The Cleveland Copa		Website URL:		theclevelandcopa.com	
Hosting Organization		District 5 - Sporting Columbus		Type of Tournament:		☐ Select ☐ Recreational ☐ Select & Rec	
Designate Official of Hosting Organization		Jeffrey Warren		Title		Phone _____ W	
Address		7228 Columbia Rd, Ste 900		Email		Phone (513) 576-9555 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		Columbus		OH		TEAM ENTRY DEADLINE: _____	
Date(s) of Tournament or Games		10/31/2025 - 11/02/2025		Estimated # of Teams		60	
Tournament or Games Director or Contact Person		Jeffrey Warren		Phone		(614) 284-9746 W	
Address		268 S Cassady Ave		Email		jwarren@sportingcolumbus.com H	
City		Columbus		State		OH	
				Zip Code		43209-1720	
				Phone		_____ FAX	

[illegible]

*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

