



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 Crown Challenge Fall Kickoff Website URL: http://kingshammer.com/tournaments/

Hosting Organization District 1 - Greater Cincinnati Soccer League Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Mike Cook Title _____ Phone _____ W

Address 188 Hidden Hills Dr Email gcslsoccer1@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 Lebanon OH **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 09/11/2020 - 09/13/2020 Estimated # of Teams 100

Tournament or Games Director or Contact Person Lisa McIver Phone (214) 223-1295 W

Address Warren County Sports Park Email lmciver@kingshammersbd.com Phone _____ H

City Lebanon State OH Zip Code 45036 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	U08	X	X	10	4	50	5		3	\$250	
S1-4	U09	X	X	14	4	50	7		3	\$500	
S1-4	U10	X	X	14	4	50	7		3	\$500	
S1-4	U10	X	X	18	4	50	9		3	\$550	
S1-4	U11	X	X	18	4	60	9		3	\$550	
S1-4	U12	X	X	18	4	60	9		3	\$550	
S1-4	U12	X	X	22	4	60	11		3	\$600	
S1-4	U13	X	X	22	4	60	11		3	\$600	
S1-4	U14	X	X	22	4	60	11		3	\$600	
S1-4	U15	X	X	22	4	60	11		3	\$600	

*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 [Signature] Title State Commissioner

