



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Cincinnati Halloween Havoc 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 10/03/2025 - 10/05/2025 Estimated # of Teams 220
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	Mininimum # of Games	Entry Fee	Bond
S3	U09	Lower Level	X	X	14	5	50	7	X	3	\$795	
S3	U10	Lower Level	X	X	14	5	50	7	X	3	\$795	
S3	U10	Lower Level	X	X	18	5	60	9	X	3	\$895	
S3	U11	Lower Level	X	X	18	5	60	9	X	3	\$895	
S3	U12	Lower Level	X	X	18	5	60	9	X	3	\$895	
S3	U12	Lower Level	X	X	22	5	60	11	X	3	\$995	
S3	U13	Lower Level	X	X	22	5	60	11	X	3	\$995	
S3	U14	Lower Level	X	X	22	5	60	11	X	3	\$995	
S3	U15	Lower Level	X	X	22	5	70	11	X	3	\$995	

*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

