

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games	Womens Blue Chip Showcase		Website URL:	https://kingshammer.com/showcases/blue-	
Hosting Organization	Ohio Soccer Association - Ohio Soccer		Type of Tournament:	<input type="checkbox"/> Select <input type="checkbox"/> Recreational <input type="checkbox"/> 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 FAX
State Association or Affiliate		Guest Referees Applications Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Tournament or Games	Covington	KY	TEAM ENTRY DEADLINE:		
Date(s) of Tournament or Games	04/19/2024 - 04/21/2024		Estimated # of Teams	300	
Tournament or Games Director or Contact Person	Lisa McIver		Phone	(214) 223-1295 W	
Address	50 E Rivercenter Blvd	Email	lmciver@kingshammersbd.com	Phone	
City	Covington	State	KY	Zip Code	41011-1683 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

