



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 Bluffton Spring Classic Website URL: www.blufftonsoccerohio.com
 Hosting Organization District 1 - Black Swamp Soccer League Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Brittany Alge 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 Bluffton OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 05/16/2025 - 05/18/2025 Estimated # of Teams 26
 Tournament or Games Director or Contact Person Aaron Meyers Phone (816) 516-2831 W
 Address PO Box 21 Email meyers421@gmail.com Phone _____ H
 City Bluffton State OH Zip Code 45817 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	U12	Recreational Teams	X	X	14	0	50 min	9	X	3	\$300	
RT	U15	Recreational Teams	X	X	18	0	60 min	11	X	3	\$300	

*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

