



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 Columbus Fall Classic Website URL: https://kingshammersbd.com/tournaments-

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 09/20/2025 - 09/21/2025 Estimated # of Teams 160

Tournament or Games Director or Contact Person Brent Paulson Phone (317) 363-2266 W

Address 268 S Cassady Avenue Email midwestindyevents@kingshammersbd. Phone _____ H

City Columbus State OH Zip Code 43209 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	all	X	X	16	no max	50	7	X	3	695	
S1-4 U09	all	X	X	16	no max	50	7	X	3	695	
S1-4 U10	all	X	X	16	no max	50	7	X	3	695	
S1-4 U11	all	X	X	18	no max	60	9	X	3	795	
S1-4 U12	all	X	X	18	no max	60	9	X	3	795	
S1-4 U13	all	X	X	22	no max	60	11	X	3	895	
S1-4 U14	all	X	X	22	no max	60	11	X	3	895	
S1-4 U15	all	X	X	22	no max	70	11	X	3	895	

*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 *Carol K. ...* Title State Commissioner





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Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 09/20/2025 - 09/21/2025 Estimated # of Teams 160

Tournament or Games Director or Contact Person Nick Solomon Phone (317) 203-9721 W

Address 268 S Cassady Ave Email midwestindyevents@kingshammersbd. Phone _____ H

City Columbus State OH Zip Code 43209-1720 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
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S1-4 U12	all	X	X	18	no max	60	9	X	3	795	
S1-4 U13	all	X	X	22	no max	60	11	X	3	895	
S1-4 U14	all	X	X	22	no max	60	11	X	3	895	
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