



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 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 OH Zip Code 45039 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 10/05/2024 - 10/06/2024 Estimated # of Teams 150

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 | U09 | All | X | X | 22 | Unlim | 50 | 7 | X | 3 | 695 | |
| S1 | U10 | All | X | X | 22 | Unlim | 50 | 7 | X | 3 | 695 | |
| S1 | U11 | All | X | X | 22 | Unlim | 60 | 9 | X | 3 | 795 | |
| S1 | U12 | All | X | X | 22 | Unlim | 60 | 9 | X | 3 | 795 | |
| S1 | U13 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
| S1 | U14 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
| S1 | U15 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
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*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 [Signature] Title State Commissioner





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Address OSA Email office@osysa.com Phone (513) 576-9555 H

City Maineville State IN Zip Code 45039 Phone _____ FAX _____

State Association or Affiliate _____ Guest Referees Applications Accepted Yes No

Location of Tournament or Games Westfield IN **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 10/05/2024 - 10/06/2024 Estimated # of Teams 150

Tournament or Games Director or Contact Person Nick Solomon Phone (317) 363-2266 W

Address 17437 Carey Rd Email info@kingshammersbd.com Phone _____ H

City Westfield State IN Zip Code 46074-9439 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 | U13 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
| S1 | U14 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
| S1 | U15 | All | X | X | 22 | Unlim | 60 | 11 | X | 3 | 895 | |
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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

