APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games **Mens Blue Chip Showcase**   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 **04/24/2026 - 04/26/2026**   Estimated # of Teams **460**

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
S1	U13	Elite	X		22	5	70	11	X	3	$1200	
S1	U14	Elite	X		22	5	70	11	X	3	$1200	
S1	U15	Elite	X		22	5	80	11		3	$1695	
S1	U16	Elite	X		22	5	80	11		3	$1695	
S1	U17	Elite	X		22	5	80	11		3	$1695	
S1	U18	Elite	X		22	5	80	11		3	$1695	
S1	U19	Elite	X		22	5	80	11		3	$1695	

*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**