

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		Womens Gateway 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		11/13/2026 - 11/15/2026		Estimated # of Teams		140	
Tournament or Games Director or Contact Person		Holly Kirkpatrick		Phone		(513) 226-4561 W	
Address		50 E Rivercenter Blvd		Email		hkirkpatrick@kingshammersbd.com Phone H	
City		Covington		State		KY Zip Code 41011-1683 Phone 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

