



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 Womens Blue Chip Showcase Website URL: _____

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 04/11/2025 - 04/13/2025 Estimated # of Teams 350

Tournament or Games Director or Contact Person Lisa McIver Phone (214) 223-1295 W

Address 50 E Rivercenter Blvd, Ste 150 Email lmciver@kingshammersbd.com Phone _____ H

City Covington State KY Zip Code 41011-2039 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	U13		X	22	5	70	11	X	3	\$1,100	
S1	U14		X	22	5	70	11	X	3	\$1,100	
S1	U15		X	22	5	80	11	X	3	\$1,595	
S1	U16		X	22	5	80	11	X	3	\$1,595	
S1	U17		X	22	5	80	11	X	3	\$1,595	
S1	U18		X	22	5	80	11	X	3	\$1,595	
S1	U19		X	22	5	80	11	X	3	\$1,595	

- *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

