Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games **Roller Coaster Classic**   Website URL: **https://www.sbdeventmanagement.com/**

Hosting Organization **District 1 - Bay Area Soccer League**   Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization **Will Spence**   Title _____   Phone _____ W

Address **7228 Columbia Rd, Ste 900**   Email _____   Phone **(513) 576-9555** H

City **Maineville**   State **IN**   Zip Code **45039-8088**   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 **09/06/2024 - 09/08/2024**   Estimated # of Teams **60**

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

Address **17437 Carey Rd**   Email **bpaulson@sbdtournaments.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
S1-4	U09	All	X	X	12	2	50	7		3	595	
S1-4	U10	All	X	X	12	2	50	7		3	595	
S1-4	U11	All	X	X	15	2	50	9		3	795	
S1-4	U12	All	X	X	15	2	50	9		3	795	
S1-4	U13	All	X	X	18	2	50	11		3	995	
S1-4	U14	All	X	X	18	2	50	11		3	995	
S1-4	U15	All	X	X	18	2	50	11		3	995	

*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**

OHIO SOCCER ASSOCIATION APPROVED