



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Hopewell Cup Website URL: hopewellcup.com
Hosting Organization District 5 - NASA Xtabi Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
Designate Official of Hosting Organization Keith Loughlin Title _____ Phone _____ W
Address 7228 Columbia Rd, Ste 900 Email _____ Phone (513) 576-9555 H
City Maineville State OH Zip Code 45039-8088 Phone _____ FAX _____
State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
Location of Tournament or Games Newark OH **TEAM ENTRY DEADLINE:** _____
Date(s) of Tournament or Games 09/27/2025 - 09/28/2025 Estimated # of Teams 150
Tournament or Games Director or Contact Person Paul Wise Phone (317) 671-0033 W
Address 600 Baker Blvd Email midwestindyevents@kingshammersbd. Phone _____ H
City Newark State OH Zip Code 43055-3091 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	U08	Unrestricted	X	X	14	4	50	7	X	3	600	
S1-4	U09	Unrestricted	X	X	14	4	50	7	X	3	600	
S1-4	U10	Unrestricted	X	X	14	4	50	7	X	3	600	
S1-4	U11	Unrestricted	X	X	16	4	60	9	X	3	700	
S1-4	U12	Unrestricted	X	X	16	4	60	9	X	3	700	
S1-4	U13	Unrestricted	X	X	18	5	70	11	X	3	800	
S1-4	U14	Unrestricted	X	X	18	5	70	11	X	3	800	
S1-4	U15	Unrestricted	X	X	18	5	70	11	X	3	800	

*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 _____

Title _____

State Commissioner

