



US Youth Soccer/Ohio South Youth Soccer

APPLICATION TO HOST A TOURNAMENT OR GAMES



Name of Tournament or Game Fall Ball Classic-Girls Website URL: https://www.tfatournaments.com/

Hosting Organization District 1 - Tfa-Western Jr. League Type of Tournament: Select Recreational Select&Rec

Designate Official of Hosting Organization Wayne Smith Title _____ Phone _____ W

Address PO Box 45 Email lhaussler@tfacincinnati.com (513) 467-9910 H

City Cleves State OH Zip 45002-0045 Fax _____

State Association or Affiliate _____ Guest Referee Applications Accepted: Yes No

Location of Tournament or Games Cleves OH **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 09/25/2020 - 09/27/2020 Estimated # of Teams 140

Tournament or Games Director or Contact Person Natalie Bolin Phone (513) 319-1665 W

Address PO Box 45 E-mail tournamentdirector@tfacincinnati.com H

City Cleves State OH Zip 45002-0045 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	S1,S2,S3,S4		X	12	4	50	7	X	3	\$600	
S1-4 U09	S1,S2,S3,S4		X	12	4	50	7	X	3	\$600	
S1-4 U10	S1,S2,S3,S4		X	12	4	50	7	X	3	\$600	
S1-4 U11	S1,S2,S3,S4		X	16	4	60	9	X	3	\$650	
S1-4 U12	S1,S2,S3,S4		X	16	4	60	9	X	3	\$650	
S1-4 U13	S1,S2,S3,S4		X	18	5	70	11	X	3	\$700	
S1-4 U14	S1,S2,S3,S4		X	18	5	70	11	X	3	\$700	
S1-4 U15	S1,S2,S3,S4		X	22	5	70	11	X	3	\$700	

RT RESTRICTED TOURNAMENT - US Youth Soccer Members and Affiliates only.

Teams will be restricted to teams within the national state association. Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____

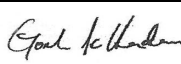
Foreign Teams as listed: _____

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 South Youth Soccer Association Date _____

By  Title State Commissioner



Ohio South Youth Soccer - 25 Whitney Drive, Suite 104, Milford, Ohio 45150

In granting this permission to host a tournament or games, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.



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Signature of Designated Official of Hosting Organization _____ Date _____

APPROVAL

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STATE ASSOCIATION OR AFFILIATE Ohio South Youth Soccer Association Date _____

By *Carol J. Anderson* Title State Commissioner



Ohio South Youth Soccer - 25 Whitney Drive, Suite 104, Milford, Ohio 45150

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