A Proud Member of US Soccer

Affiliated with the Federation International de Football Association

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games: The Junior Cup Website URL: www.TheJuniorCup.com

Hosting Organization: District 5 - Sporting Columbus Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization: Jeffrey Warren 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: Lewis Center OH **TEAM ENTRY DEADLINE:** ____

Date(s) of Tournament or Games: 05/08/2026 - 05/10/2026 Estimated # of Teams: 165

Tournament or Games Director or Contact Person: Jeffrey Warren Phone (614) 284-9746 W

Address: 5766 Hickory Drive Email: jwarren@sportingcolumbus.com Phone ____ H

City: Lewis Center State: OH Zip Code: 43034 Phone ____ FAX

Age Groups Accepted		Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Mininimum # of Games	Entry Fee	Bond
S1-4	U08	All	X	X	14	14	50	7		3	500	
S1-4	U09	All	X	X	14	14	50	7	X	3	500	
S1-4	U10	All	X	X	14	14	50	7	X	3	500	
S1-4	U10	All	X	X	16	16	50	9	X	3	525	
S1-4	U11	All	X	X	16	16	50	9	X	3	525	
S1-4	U12	All	X	X	16	16	50	9	X	3	525	

***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

APPROVED