



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 Mens Gateway Showcase Website URL: https://kingshammersbd.com/tournaments-

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 11/20/2026 - 11/22/2026 Estimated # of Teams 180

Tournament or Games Director or Contact Person Holly Kirkpatrick Phone (513) 226-4561 W

Address 50 E Rivercenter Blvd Email hkirkpatrick@kingshammersbd.com Phone _____ H

City Covington State KY Zip Code 41011-1683 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
S1-3 U15	All Levels	X		22	Y	80	11		3	1325	
S1-3 U16	All Levels	X		22	Y	80	11		3	1325	
S1-3 U17	All Levels	X		22	Y	80	11		3	1325	
S1-3 U18	All Levels	X		22	Y	80	11		3	1325	
S1-3 U19	All Levels	X		22	Y	80	11		3	1325	

*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

