

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games		Mens Blue Chip 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		04/24/2026 - 04/26/2026		Estimated # of Teams		460	
Tournament or Games Director or Contact Person		Lisa McIver				Phone (214) 223-1295 W	
Address		50 E Rivercenter Blvd		Email lmciver@kingshammersbd.com		Phone H	
City		Covington		State KY		Zip Code 41011-1683	
						Phone FAX	

[illegible]

*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

