



# Ontario Soccer Association

## Application to Host Exhibition Game

Host District

Host Organization

Host Team Name

Age Group

Gender

Male

Female

Mixed

Host Team OSA #

Opposing Team From

Ontario Team

Other Canadian Team

USA Team

Outside of Canada and  
USA

Contact Name

Contact Phone Number (555-555-5555)

Contact E-mail

From Date

To Date

Season

Indoor 2015-2016

Outdoor 2016

Field Name

City/Town

Visiting Team Name

Visiting Team #

Visiting Club Name

Visiting District Association

Additional Notes

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The applicant acknowledges jurisdiction of FIFA, CSA, OSA and its District Association governing the Exhibition Game(s) during the game date(s) authorized by this Application To Host Exhibition Game(s) with regard to the rules for Team Travel and Competitions of all these organizations and agrees to abide by the Published Rules of these organizations. The Host Organization agrees that it will obtain from each participating Club from outside Canada a certification that the Club has MEDICAL and LIABILITY INSURANCE for its travelling team(s), official(s) and players.

I certify that the information provided above is complete and accurate and request that the District Association, The Ontario Soccer Association and The Canadian Soccer Association approve this Application, as may be required. Furthermore, I hereby undertake to pay the requisite Fees for processing this Application.

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Applicant Name -

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Signature -

Date -

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Authorized and Approved by (District) -

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Name (Approved by) -

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Signature -

Date -

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