

## **Proud Member**



## **Tournament Sanction (Hosting) Agreement**

Tournament Name: The Omaha Fall Cup			
Tournament Director: Michael Cleary, GSI Sport	s		
Hosting Club/Org: GSI Sports			
Tournament Venue: CHI Health multisport complex Tour		ates: 9/12/25 - 9/14/25	
<b>Contact Information for Tournament Director</b>			
Address: 5360 College Blvd	City: Overland Park	State: KS	
		2221	
Telephone: 913-660-7769	e-mail: mcleary@exploregci.com	66211	
Tournament Information			
All USSSA sanctioned tournaments are u	•		
Age Groups: U8-U19	Tournament Deadline: August 1	13th, 2025	
Formats (players on field): 7v7, 9v9, 11v11	_ asisports	com	
Amount of Guest Players: 5	Tournament Website: gsisports	.00111	
Facility Name and Address: 6925 Eastport ParkwayLa Vista, NE 68128			
[		4	
Referee Assignor: Art hernandez	e-mail: art@unitedspringfieldacad	demy.com	
Tournament rules must be attached or listed w be found:	with this agreement. If not, please	indicate where they can	
be round:			
Number of teams expected: 65	Number of foreign teams expected*: 0		
*Tournaments hosting teams from outside the		•	
contact USSSA at soccerinfo@usssa.com for me		ums with 0.5. 50ccci,	
	•	0/4/05	
Signature of Tournament Director: Michael Cle	ary	9/4/25 Date <u>:</u>	
For USSSA Official Date Received	d: <b>09/04/2024</b> Date A	pproved: <b>09/04/2025</b>	

Approved By:

## **Tournament Insurance and Financial Form**

Every tournament requesting USSSA sanctioning must submit this form fourteen (14) days prior to the start of tournament.

Tournament Name: Omaha Fall Cup
Facility Name and Address:
CHI HEALTH Nebraska MultiSport Complex6925 Eastport ParkwayLa Vista, NE 68128
Additional Insured:
Tournament Dates: 9/12-9/14 <b>2025</b>