



SANCTIONED TOURNAMENT HOSTING APPLICATION

Please submit this completed application, along with a copy of the tournament rules, to US Club Soccer:

- Email: tournament@usclubsoccer.org
- Fax: (843) 614-4146

Please review [Section 7 \(Tournament Rules and Sanctioning\)](#) of the [US Club Soccer Policies](#). Signing this application confirms your acceptance of the conditions in the [Sanctioned Tournament Hosting Terms and Fact Sheet for US Club Soccer-Sanctioned Tournament Participants](#) contained within this packet.

GENERAL INFORMATION:


Name of Tournament:	City of Las Vegas Mayors Cup International Showcase	
Tournament Website:	lvmayorscup.com	
Host Club Member:	Downtown Las Vegas Soccer Club	
Tournament Dates:	October 23-25, 2015	
Venue(s) & Owner Name/Address:	Bettye Wilson Soccer Complex - City of Las Vegas - 7353 Eugene Ave Las Vegas Nevada Multiple Kellog Zaher, Ed Fountain	
Outdoor or Indoor Tournament?	<input checked="" type="checkbox"/> - Outdoor <input type="checkbox"/> - Indoor	
Tournament Director:	Name: Gary Soresman Address: 922 S Valley View Blvd	Email: gary@downtownlvsc.com Phone: 702 400-1720
Disciplinary Committee Chairperson:	Name: Sherry Alexander Address: 922 S Valley View Blvd	Email: salexander@lasvegasnevada.gov Phone: 702 497-3988

COMPETITION INFORMATION:

1. Type of tournament:	<input checked="" type="checkbox"/> - Unrestricted - open to teams registered with US Club Soccer & other U.S. Soccer Federation affiliate members, & from other countries (w/U.S. Soccer approval). This is the default option, unless you specify otherwise. <input type="checkbox"/> - Restricted - restricted to teams registered through US Club Soccer.	
2. Is/will this tournament be sanctioned by another U.S. Soccer organization member?	<input checked="" type="checkbox"/> - Yes	If yes, which member? NYSA
3. Estimated number of teams:	Male: 200 Female: 168 Coed:	
4. Number of international teams:	34	
5. States of attending teams:	ALL US STATES	
6. Age groups:	U8-U15	
7. Playing format (3v3, 11v11, etc.):	11V11	
8. Source of referees:	NYSA	
9. U.S. Soccer-certified referee assignor name:	Name: John Kennedy Email: scotchmist@cox.net Phone: 702 340-6112	



Signature of President or Chief Officer of Host Member:  Date: 08-24-2015

APPROVAL By _____ Title _____		DENIAL Date _____	APPROVED Date: _____
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