



1. **ABIDE BY RULES:** We shall abide by all statements made in our approved US Youth Soccer *Application to Host A Tournament or Games*, in our tournament invitation, in our tournament rules, in the US Youth Soccer *Travel and Tournament Policy* and in this US Youth Soccer *Tournament or Games Hosting Agreement*. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin.
2. **INVITATIONS:** The tournament or games approval form shall accompany all tournament or games invitations distributed us.
3. **PROCURING LIABILITY INSURANCE:** We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member, US Youth Soccer and their officers and directors as additional insured. A copy of the certificate of insurance is attached issued by _____
4. **REQUIRING MEDICAL AUTHORIZATIONS:** We shall require all teams participating in the tournament or games to provide medical authorizations for each player in a form adequate for use at the site of the tournament or games. These authorizations shall be presented to the Hosting Organization at registration and kept at the field available for use by the team.
5. **ADVANCE PUBLICATION OF RULES:** We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.
6. **CREDENTIALS CHECKS:** We agree that we shall conduct credentials checks (check one)—
- a. ☒ at registration,
- b. ☒ at the field prior to each game by a field marshal, or
- c. ☒ at both sites,
- to ensure that all players are registered with US Youth Soccer or US Soccer, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*.
7. **USE OF US SOCCER REGISTERED REFEREES:** We agree that we shall, in accordance with US Soccer Bylaw 532, use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups. U13 + There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (**NOTE: Effective, September 1, 2001, ONLY US Soccer certified assignors may be used.**):
- Name Juan Guzman Telephone (626 487-0141) FAX () -
- Address 900 S Valley View Suite 175 E-mail juanguzman@elitepaysolutions.com
- City State Zip 9107
8. **USE OF FIELD MARSHALS - FIELD INSPECTION:** We agree that during the tournament or games each game field will have a field marshal assigned to it at all times; that the field marshal will be readily available and identifiable; that prior to the commencement of every game the field marshal will inspect the field to be sure that it is free from objects or conditions that may cause injury. If any condition exists which cannot be immediately corrected, it shall be brought to the attention of the referee and the tournament /games director. The Director of Field Marshals is:
- Name Colin Tabor Telephone (702 417-7730) FAX () -
- Address E-mail colin@downtownlvsc.com
- City Las Vegas State Zip 89107
9. **USE OF SPECTATOR LINES:** We agree to take appropriate steps including, where feasible, the use of spectator lines on each field to keep the spectators off the touch line.

10. **PROVISION OF ADEQUATE TOURNAMENT COMMUNICATION:** We agree to provide adequate communication by means of Two Way Radios between the game fields and the tournament/games headquarters. The Tournament Communications Director is:

Name Gary Soresman Telephone () 702 400-1720 FAX () -
Address _____ E-mail gary@downtownlvsc.com
City _____ State NV Zip 89107

11. **AVAILABILITY OF POLICE AND RESCUE SERVICE:** We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed.

12. **TOURNAMENT OR GAME RULES – BEHAVIOR:** We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that—

- spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- indicate what procedures will be followed regarding protests and appeals;
- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
- state that the home State Association or Affiliate and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

13. **TOURNAMENT CANCELLATION:** We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

14. **POST TOURNAMENT OR GAMES REPORT:** We agree that we shall file a Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report shall preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsportsmanlike conduct of a team, its players, coaches or supporters.

NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official, or other incidents of a serious nature, must be reported to the alleged offender's club or league and home State Association, Affiliate, or other Organization Member immediately, but in no event later than 48 hours after an incident of referee assault or abuse.

Signature of Hosting Organization President or Chief Officer
Date 11.14.23

Signature of Tournament or Games Director
Date 11.14.23

Hosting Organization Downtown Las Vegas Soccer Club Telephone () -
Address 900 S Valley View Suite 175 Fax () - E-mail gary@downtownlvsc.com
City Las Vegas State NV Zip 89107

Tournament or Games Headquarters Bettye Wilson Soccer Complex Telephone () -
Address 7353 Eugene Ave Fax () - E-mail info@lvmayorscup.com
City Las Vegas State NV Zip 89128



A Proud Member of US Soccer

Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games City Of Las Vegas Mayors Cup Int Tournament Website URL: www.lvmayorscup.com

Hosting Organization Downtown Las Vegas Soccer Club Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec

Designate Official of Hosting Organization Gary Soresman Title Executive Director Phone 702 400-1720 W

Address 900 S Valley View Blvd Suite 175 Email gary@downtownlvsc.com Phone _____ H

City _____ State NV Zip Code 89107 Phone _____ FAX

State Association or Affiliate Nevada Youth Soccer Guest Referees Applications Accepted ☒ Yes ☐ No

Location of Tournament or Games Las Vegas Nevada TEAM ENTRY DEADLINE: _____

Date(s) of Tournament or Games 2/17/23 - 2/19/23 Estimated # of Teams 300

Tournament or Games Director or Contact Person Colin Tabdr Phone 702 417-7730 W

Address 900 S Valley View Blvd Suite 175 Email colin@downtownlvsc.com Phone _____ H

City Las Vegas State NV Zip Code 89107 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
U- 11 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60min	9	<input checked="" type="checkbox"/>	3	750.00	<input type="checkbox"/>
U- 12 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	5	60min	9	<input checked="" type="checkbox"/>	3	750.00	<input type="checkbox"/>
U- 13 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	3	850.00	<input type="checkbox"/>
U- 14 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	3	850.00	<input type="checkbox"/>
U- 15 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	4	1,395.00	<input type="checkbox"/>
U- 16 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	4	1,395.00	<input type="checkbox"/>
U- 17 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	4	1,395.00	<input type="checkbox"/>
U- 18 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	4	1,395.00	<input type="checkbox"/>
U- 19 8/1/		<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	5	60min	11	<input checked="" type="checkbox"/>	4	1,395.00	<input type="checkbox"/>
U- 8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

*List of types of teams and tournaments 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 _____

DO NOT SIGN until information above signature is filled out in FULL.

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Nevada Youth Soccer Association Title 1/30/23

By Wili Steffen Title Executive Director