



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 Ste 175 Email gary@downtownlvsc.com Phone _____ H
 City Las Vegas 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 02/21/2025 - 02/23/2025 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Colin Tabor Phone 702 417-7730 W
 Address 900 S Valley View Ste 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | 5 | 60min | 9 | <input checked="" type="checkbox"/> | 3 | 750.00 | <input type="checkbox"/> |
| U- 12 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | 5 | 60min | 9 | <input checked="" type="checkbox"/> | 3 | 750.00 | <input type="checkbox"/> |
| U- 13 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 60min | 11 | <input checked="" type="checkbox"/> | 3 | 995.00 | <input type="checkbox"/> |
| U- 14 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 60min | 11 | <input checked="" type="checkbox"/> | 3 | 995.00 | <input type="checkbox"/> |
| U- 15 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 70min | 11 | <input checked="" type="checkbox"/> | 4 | 1,495.00 | <input type="checkbox"/> |
| U- 16 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 70min | 11 | <input checked="" type="checkbox"/> | 4 | 1,495.00 | <input type="checkbox"/> |
| U- 17 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 70min | 11 | <input checked="" type="checkbox"/> | 4 | 1,495.00 | <input type="checkbox"/> |
| U- 18 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 70min | 11 | <input checked="" type="checkbox"/> | 4 | 1,495.00 | <input type="checkbox"/> |
| U- 19 8/1/ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 | 5 | 70min | 11 | <input checked="" type="checkbox"/> | 4 | 1,495.00 | <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 11.20.24

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

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Ruth Gonzalez

Date 11/20/2024

Title Executive Director