



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 Vegas Cup Spring Classic '25 Website URL: www.vegascup.org
 Hosting Organization Las Vegas Soccer Association Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Jim Rasmussen Title President Phone 702-878-3644 W
 Address 7660 W Cheyenne Ave Ste 101 Email Jim.vegascup@gmail.com Phone 702-271-8468 H
 City Las Vegas State NV Zip Code 89129 Phone _____ FAX _____
 State Association or Affiliate NYSA Guest Referees Applications Accepted Yes No
 Location of Tournament or Games BW/KZ/EF **TEAM ENTRY DEADLINE:** 2/28/25
 Date(s) of Tournament or Games 3/28/25-3/30/25 Estimated # of Teams 300
 Tournament or Games Director or Contact Person Jim Rasmussen Phone 702-878-3644 W
 Address 7660 W Cheyenne Ave Ste 101 Email Jim.vegascup@gmail.com Phone 702-271-8468 H
 City Las Vegas State NV Zip Code 89129 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-	8/1/	Comp U6 & U7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	3	40 min	4v4	<input checked="" type="checkbox"/>	3	\$595	<input type="checkbox"/>
U-	8/1/	Comp U8-U10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50 min	7v7	<input checked="" type="checkbox"/>	3	\$845	<input type="checkbox"/>
U-	8/1/	Comp U11 & U12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60 min	9v9	<input checked="" type="checkbox"/>	3	\$945	<input type="checkbox"/>
U-	8/1/	Comp U13-U19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	60 min	11v11	<input checked="" type="checkbox"/>	3	\$1095	<input type="checkbox"/>
U-	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-	8/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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 5/10/24

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 2/21/2025

Title Executive Director