



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-MLK '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  
 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/JR/CH/HP TEAM ENTRY DEADLINE: 11/30/2024  
 Date(s) of Tournament or Games 1/17/25-1/20/25 Estimated # of Teams 850  
 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 879129 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- 9 8/1/ 16	COMP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	5	50	7v7	<input checked="" type="checkbox"/>	3	\$945	<input type="checkbox"/>
U- 10 8/1/ 15	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	"	50	7v7	<input checked="" type="checkbox"/>	3	\$945	<input type="checkbox"/>
U- 11 8/1/ 14	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	9v9	<input checked="" type="checkbox"/>	3	\$1045	<input type="checkbox"/>
U- 12 8/1/ 13	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	9v9	<input checked="" type="checkbox"/>	3	\$1045	<input type="checkbox"/>
U- 13 8/1/ 12	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	11v11	<input checked="" type="checkbox"/>	3	\$1195	<input type="checkbox"/>
U- 14 8/1/ 11	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<input type="checkbox"/>
U- 15 8/1/ 10	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<input type="checkbox"/>
U- 16 8/1/ 09	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<input type="checkbox"/>
U- 17 8/1/ 08	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<input type="checkbox"/>
U- 18 8/1/ 07	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<input type="checkbox"/>
U- 19 06	"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	"	60	11v11	<input checked="" type="checkbox"/>	3	"	<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 10/18/24

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 10/28/2024  
 Title Executive Director