



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

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APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Arsenal Cup 2025 Website URL: www.soccerfortcollins.org

Hosting Organization Arsenal Colorado Type of Tournament: ☐ Select ☐ Recreational ☒ Select & Rec

Designate Official of Hosting Organization Brenda Hampson Title Director of Member Services Phone () 970-226-4253 W

Address 2721 S College Ave Email office@soccerfortcollins.org Phone () 970-226-4253 H

City Fort Collins State CO Zip Code 80525 Phone () FAX

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

Location of Tournament or Games Fort Collins Soccer Complex **TEAM ENTRY DEADLINE:** July 1, 2025

Date(s) of Tournament or Games August 14-17, 2025 Estimated # of Teams 96

Tournament or Games Director or Contact Person Brenda Hampson Phone () 970-226-4253 W

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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-	9/10	1/1/	16/17	RT/S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	50	7	<input checked="" type="checkbox"/>	3	\$700	<input type="checkbox"/>
U-	11	1/1/	15	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	\$925	<input type="checkbox"/>
U-	12	1/1/	14	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	3	60	9	<input checked="" type="checkbox"/>	3	\$925	<input type="checkbox"/>
U-	13	1/1/	13	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	14	1/1/	12	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	70	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	15	1/1/	11	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	16	1/1/	10	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	17	1/1/	09	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	18	1/1/	08	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>
U-	19	1/1/	07	S1, S2, S3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	3	80	11	<input checked="" type="checkbox"/>	3	\$1250	<input type="checkbox"/>

*List of types of teams and tournaments is 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: USYS, US Club, USSF, AYSO
- ☐ 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

Brenda Hampson

Date 10/9/2024

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By SAID MOSSAKIAN

Date 10/31/24

Title COO