



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 30TH ANNUAL CAPITAL CITY CUP Website URL: https://www.arkansasunited.com/tournament/capital-city-cup
 Hosting Organization ARKANSAS RISING SOCCER CLUB Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Mark Gibbs Title TOURNAMENT DIRECTOR Phone (501) 868.1212 W
 Address 16603 CANTRELL RD, SUITE 4 Email Mark@arkansasrising.org Phone (281) 750-2712 H
 City LITTLE ROCK State AR Zip Code 72223 Phone () _____ FAX
 State Association or Affiliate ARKANSAS Guest Referees Applications Accepted Yes No
 Location of Tournament or Games BURNS PARK, NORTH LITTLE ROCK, AR **TEAM ENTRY DEADLINE:** SEPT 12 & SEPT 19
 Date(s) of Tournament or Games GIRLS SEPT 23-24, 2023, BOYS SEPT 30 - OCT 1, 2023 Estimated # of Teams 100
 Tournament or Games Director or Contact Person Mark Gibbs Phone () 501.868.1212 W
 Address 16603 CANTRELL RD, STE 4 Email mark@arkansasrising.org Phone () 281-750-2712 H
 City LITTLE ROCK State AR Zip Code 72223 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	10	S1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2X25	7V7	<input checked="" type="checkbox"/>	3	\$475	<input type="checkbox"/>
U- 11	12	S1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	5	2X30	9V9	<input checked="" type="checkbox"/>	3	\$635	<input type="checkbox"/>
U- 13	14	S1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	5	2X35	11V11	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 15	16	S1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	5	2X40	11V11	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 17	19	S1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	5	2X40	11V11	<input checked="" type="checkbox"/>	3	\$675	<input type="checkbox"/>
U- 1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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: USYSA and US CLUB teams
- 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 _____

Mark Gibbs

Date 6/25/2023

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Arkansas Soccer Assoc

Date 7-10-23

By James Henke

Title State Registrar