



AYSO 7E 2023 Island's Best Tournament Team Application Form

Section: 7 Area: E O Region #: Region Name:

Contact Information

Head Coach (HC) Name:	Asst. Coach (AC) Name:
HC Cell Phone Number.	AC Cell Phone Number:
HC Email	AC Email

Age Division 10U ___ 12U ___ 14U ___ Gender Boys ___ Girls ___
 Team Rating Gold ___ Silver ___ Team Color _____

Team Head Coach Approval:
 Yes, I have read the tournament rules and I promise to abide by them.

Coach Signature Date Submitted

Regional Commissioner Approval: Yes, the above team has my permission to participate in the Island's Best Tournament.
 Please report any behavior problems to me immediately.

Print Name Signature (in red or blue ink only, please)

Note to Regions regarding their Referee Deposit: The IBT will write one check to refund the amount that is owed back to the region. The check will be mailed to the Regional Commissioner. The region may request a different mailing address.