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| AYSO_traditional | Sponsored by AYSO Section 9  **Rocky Mountain Classic 2019**  **Team Application Form** | C:\Users\aysoarea9b\Pictures\rocky-mountain-tourn-logo-doc-use.jpg |

**Application Instructions**

Applications are now being accepted for entrance into the AYSO Rocky Mountain Classic Tournament.

The deadline to enter the tournament is **May 15th, 2019**. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings.

Applications will be accepted on a first-come basis, based on a completed application. To be considered complete, your application must include all of the following:

1. Team Application Form, signed by the Head Coach and the Regional Commissioner.
2. Team AYSO Regional Management System Roster Form signed by your Regional Commissioner.

**Roster Notes**:

* Roster changes on AYSO Regional Management System will be allowed up until Team Check-in; after that, no roster changes. All roster changes must be approved by your Regional Commissioner.
* Rosters must be comprised solely of players who were registered and played in the AYSO 2018-2019 primary program or Xtra.
* Up to 3 guest players may be added to your roster from your region (Core teams for Primary Only) or neighboring AYSO Region if you have exhausted home region guests. In this case, the guest player’s Regional Commissioner must sign the roster. **Non-AYSO players will NOT be allowed to play on an AYSO team as a guest player.**
* Player roster limits are as follows:

16/19U 18 players max 11-v-11 play

14U 15 players max 11-v-11 play

12U 12 players max 9-v-9 play

10U 10 players max 7-v-7 play

1. The completed Referee Form signed by your Regional Referee Administrator (if you’re not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature).
2. A single region check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Team fees are: Age Division Team Entry Fee Referee Fee Total Fee

16/19U $250 $250 $500

14U $230 $250 $480

12U $210 $250 $450

10U $240 $200 $430

Send your completed application and regional check to: Tournament Treasurer  
Rocky Mountain Classic

931 E 1960 N

Lehi, Utah 84043

If accepted, it will be assumed that you intend for your team to play the entire tournament.

If your application is not accepted, you will be offered the opportunity to be placed on a waiting list, or if you prefer we will return your application to you within 48 hours of your decision.

**Refund**: if you withdraw your application 30 or more days from the start of the tournament, a full refund will be issued. If you withdraw after that time, we will only issue a refund if a replacement team can be found, less any cost to register that replacement team.

All information about the tournament can be obtained by visiting our website at [www.aysosection9.org](http://www.aysosection9.org)

Please note that e-mail and the internet will be the primary means of communication for this tournament.

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| AYSO_traditional | | | | | | | | | | **Rocky Mountain Classic**  **Team Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C:\Users\aysoarea9b\Pictures\rocky-mountain-tourn-logo-doc-use.jpg | | | | |
| Application Date: | | | | | | | | |  | | |
| Section: | |  | | | | | | | | | Area: | | | |  | | | Region #: | | |  | | | | Region Name: | | | | | | | | | |  | | | | | | | | |
| Team Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age Division: | | | | |  | | | | U-10 | | | |  | | | U-12 |  | | U-14 |  | | U-16 | |  | | | U-19 | | |  | | | | Boys | | | |  | | Girls | |  | Coed | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coach Name: | | | | |  | | | | | | | | | | | | | | | | | | Asst. Coach Name: | | | | | | | | | |  | | | | | | | | | | |
| E-mail: |  | | | | | | | | | | | | | | | | | | | | | | E-mail: | | |  | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | Mailing Address: | | | | | | | |  | | | | | | | | | | | | |
| City/State/Zip: | | | | | |  | | | | | | | | | | | | | | | | | City/State/Zip: | | | | | |  | | | | | | | | | | | | | | |
| Evening Phone Number: | | | | | | | | | | | |  | | | | | | | | | | | Evening Phone Number: | | | | | | | | | | | | |  | | | | | | | |
| Emergency Phone Number: | | | | | | | | | | | | | |  | | | | | | | | | Emergency Phone Number: | | | | | | | | | | | | | |  | | | | | | |
| AYSO ID#: | | | | |  | | | | | | | | | | | | | | | | | | AYSO ID# | | | | |  | | | | | | | | | | | | | | | |
| Training Level : | | | | | | | |  | | | | | | | | | | | | | | | Training Level : | | | | | | | | |  | | | | | | | | | | | |
| Safe Haven Date: | | | | | | | |  | | | | | | | | | | | | | | | Safe Haven Date: | | | | | | | |  | | | | | | | | | | | | |
| Shirt Size: | | | AS AM AL AXL AXXL | | | | | | | | | | | | | | | | | | | | Shirt Size: | | | | | AS AM AL AXL AXXL | | | | | | | | | | | | | | | |

**Team Rating Criteria:**

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| 1) We area Fall/Spring primary program team. | | |  | Yes |  | No |
| 2) We are an Xtra Team, one of |  | teams in this age division from our Region. |  | Yes |  | No |
|  | | |  | Yes |  | No |

**Team Head Coach Approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes, I have read the tournament rules and I promise to abide by them. I also am committed to returning on the alternative dates should the tournament be rescheduled due to inclement weather, etc. | | | | | | | |
|  | Yes, I understand that this is a 4-day tournament and that the medal round games are on the fourth day. I hereby notify you that I will NOT be able to complete the tournament for the following reason: | | | | |  | | |
|  | | |  | |  | | | |
| Coach Signature | | | |  | | | | |
| **Regional Commissioner Approval:** Yes, the above team has my permission to attend the Rocky Mountain Classic Tournament. Please report any behavior problems to me immediately. I understand that players from outside my Region (Guest Players) will need approval as well from the Guest Player Regional Commissioner. | | | | | | | | |
| I hereby approve the addition of | | | | | |  | | Guest Players for this team. |
|  | | |  | |  | | | |
| Print Name | | | | Signature (in red or blue ink only, please) | | | | |
| Email: | |  | | Best Phone: | | |  | |

**The Referee Refund Check should be mailed to:**

|  |  |
| --- | --- |
| AYSO Region # |  |
| Send Check to Treasurer: |  |
| Mailing Address: |  |
| City / State / Zip |  |