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|  | Sponsored by **[Tournament Name]****Team Application Instructions** |  |

**Application Instructions**

Applications are now being accepted for entrance into the [Tournament Name].

The deadline to enter the tournament is **[Date]**. 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 EAYSO Roster Form signed by your Regional Commissioner.

**Roster Notes**:

* Roster changes on EAYSO 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 [Season Years] primary or EXTRA program.
* Up to 3 guest players may be added to your roster from a neighboring AYSO Region. In this case, the guest player’s Regional Commissioner must sign the eAYSO roster. **Non-AYSO players will NOT be allowed to play on an AYSO team as a guest player.**
* Player roster limits are as follows:

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

 U-14 15 players max 11-v-11 play

 U-12 12 players max 9-v-9 play

 U-10 10 players max 7-v-7 play

1. The completed Referee Form signed by your Regional Referee Administrator for any referees wishing to cover games.
2. A single region check for the total amount of the Team Entry Fee.

Team fees are: Age Division Team Entry Fee/ After [Date]

 U-19/U-16 $XXX/XXX

 U-14 $ XXX/XXX

 U-12 $ XXX/XXX

 U-10 $ XXX/XXX

5. Non-AYSO teams need to provide a printed roster through their organization's registration system and signed by the authorizing authority.

Send your completed application and regional check to: Tournament Treasurer
[Tournament Name]

 [Address]

 [Address]

 [Address]

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.cottonwoodsoccer.org](http://www.cottonwoodsoccer.org)/tournament

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

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|  | **[Tournament Name]****Team Application Form** |  |
| 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 |

**Scheduling requests (i.e. players that are in year round school):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Rating Criteria:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) We are an Allstar/Select Team, the only one from our Region. |  | Yes |  | No |
| 2) We are an Allstar/Select Team, one of |  | teams in this age division from our Region. |  | Yes |  | No |
| 3) We are a fall primary program team. |  | Yes |  | No |
| 4) My team competitive rating between 1 (low) and 10 (high) is |  |  |
| 5) The average age of our players as of January 1, 2016 is |  |  |

**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 [Tournament Name]. 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: |  |