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| AYSO_traditional | Sponsored by AYSO Region 24 Downey, California  **22nd Annual Kickoff Classic**  **Team Application Form** |  |

**Application Instructions**

Applications are now being accepted for entrance into the AYSO 22nd Annual Kickoff Classic Tournament.

The deadline to enter the tournament is **Jan 21st, 2020**. 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 Roster Form signed by your Regional Commissioner.

**Roster Notes**:

* Alternatively, an AYSO registration system roster form will be accepted, however it must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner.
* Roster changes 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 2019 primary 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 roster.
* Player roster limits are as follows:

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

14U 15 players max 11-v-11 play

12U 12 players max 9-v-9 play

10U/8U 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

19U/16U $550 $225 $775

14U $550 $225 $775

12U $550 $225 $775

10U $500 $225 $725

8U $350 $100 $450 NON-COMPETITIVE

Send your completed application and regional check to: Tournament Registrar

22nd Annual Kickoff Classic

PO BOX 39423

Downey, CA 90240

If accepted, it will be assumed that you intend for your team to play the entire tournament, and to return if necessary on the rainout alternative dates (in the event that becomes necessary).

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 before **January 23rd, 2020**, 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.aysodowney24.org](http://www.aysodowney24.org)

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

We will be sending out information via email newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows: Jackie Hull (Boys) Alicia Ramirez (Girls)

E-mail: jackie.hull94@yahoo.com aoramirez1@gmail.com

Web site [www.aysodowney24.org](http://www.aysodowney24.org)

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| AYSO_traditional | | | | | | | | | | **22nd Annual Kickoff Classic**  **Team Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Application Date: | | | | | | | | |  | | |
| Section: | |  | | | | | | | | | Area: | | | |  | | | Region #: | | |  | | | | Region Name: | | | | | | | | | |  | | | | | | | | |
| Team Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age Division: 8U | | | | |  | | | | 10U | | | |  | | | 12U |  | | 14U |  | | 16U | |  | | | 19U | | |  | | | | 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 are an All Star Team\_\_\_\_\_\_ Tournament Team\_\_\_\_\_ Select Team\_\_\_\_\_ EXTRA Team\_\_\_\_\_ Recreational Team\_\_\_\_\_ | | | |  |  | |  |  |
| 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, 2020 is | | |  | | |  | | |

**Team Head Coach Approval:**

|  |  |  |  |  |  |  |  |  |
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|  | 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 3-day tournament and that the medal round games are on the second 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 22nd Annual Kickoff Classic. 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:**

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