



Sponsored by AYSO Region 121 Simi Valley, California

15th Annual Simi Valley AYSO New Years Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into 15th Annual Simi Valley AYSO New Years Tournament.

The deadline to enter the tournament is **November 30th, 2011**. 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-**NO HOLDING SPOTS**. 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:

- Only an eAYSO Roster form will be accepted, 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 2011 primary or extra season program.
- Up to 2 guest players may be added to your roster from a neighboring AYSO region. In this case, the guest player's Regional Commissioner must also sign the roster. Extra Teams may not use any guest players for this Tournament.

Player roster limits are as follows:

| | | |
|------|----------------|--------------|
| 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 |

3. The completed Referee Form signed by your Regional Referee Administrator. If you're not planning to bring referees, you must still turn in the form. If you are not sending referees, your registration packet will not be considered complete and you will not be guaranteed a spot in the tournament.
4. The Coaches Responsibility Form.
5. A single Regional check for the total amount of the Team Entry Fee.

| Team fees are: | Age Division | Team Entry Fee | Referee Fee | Total Fee |
|----------------|--------------|----------------|-------------|-----------|
| | U-14 | \$600 | \$0 | \$600 |
| | U-12 | \$550 | \$0 | \$550 |
| | U-10 | \$500 | \$0 | \$500 |

Send your completed application package and Regional Check to:

AYSO Region 121
 c/o Crystal Barlow, Tournament Director
 15th Annual Simi Valley AYSO New Years Tournament
 688 Laguna Dr.
 Simi Valley, California, 93065
tourndir121@gmail.com
 805-732-8510

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 and check to you.

Refunds: if you withdraw your application 30 or more days prior to 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.aysoregion121.org

Please note that email 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:

Crystal Barlow 805-732-8510
 E-mail tourndir121@gmail.com Web site www.aysoregion121.org



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15th Annual Simi Valley AYSO New Years Tournament

Team Application Form

Application Date: _____

Section: _____ Area: _____ Region #: _____ Region Name: _____

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ Boys _____ Girls

Contact Information

| | |
|-------------------------------------|-------------------------------------|
| Coach Name: _____ | Asst. Coach Name: _____ |
| Email: _____ | Email: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Cell Phone Number: _____ | Cell Phone Number: _____ |
| Home Phone Number: _____ | Home Phone Number: _____ |
| AYSO ID#: _____ | AYSO ID# _____ |
| Certification Level: _____ | Certification Level: _____ |
| Safe Haven Date: _____ | Safe Haven Date: _____ |
| Shirt Size: _____ AS AM AL AXL AXXL | Shirt Size: _____ AS AM AL AXL AXXL |

Team Rating Criteria:

- 1) We are an Allstar/Tournament Team, the only one from our region. _____ Yes _____ No
- 2) We are an Allstar/Tournament Team, one of _____ teams in this age division from our region. _____ Yes _____ No
- 3) We are a Fall regular-season team. _____ Yes _____ No
- 4) We are an Extra Team _____ Yes _____ No
- 4) My team's competitive rating between 1 (low) and 10 (high) is _____
- 5) The average age of our players as of January 1, 2012 is _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

Yes, I understand that this is a 3-day tournament and that the medal round games are on the third day. My team will participate on all three days.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the 15th Annual Simi Valley AYSO New Years 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's 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 will be mailed to your Regional Treasurer. Please provide the correct address:

AYSO Region # _____

Send Check to Attention of: **NOT APPLICABLE**

Mailing Address: _____

City / State / Zip _____