



Sponsored by AYSO Region 304, Oxnard, California



# 40th Annual AYSO Oxnard Sports Festival Soccer Tournament AYSO Invitational

## Tournament Team Application Application Instructions

Applications are now being accepted for entrance into the 40<sup>th</sup> Annual AYSO Oxnard Sports Festival Soccer Tournament.

The deadline to enter the tournament is **ASAP and no later than March 31, 2017**. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings. When applications are received more than available openings in a division, the first teams to be admitted will be based on the order received with preference to teams with a full referee team and a completed application. Teams will also be chosen based on the team rating needed to balance the pools for each division.

To be considered complete, your application must include all of the following:

1. Team Application Form, signed by the team Coach and the Regional Commissioner.
2. Team **eAYSO Tournament Roster Form** in **jersey # order** including **coach** and **assistant coach** names signed by your Regional Commissioner.

**Roster Notes:**

- Roster changes will be allowed up until Team Check-in on the first day of the tournament; 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 in AYSO and have played at least 50% of their scheduled primary season games in MY2016.
- 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. Guest players must also have played at least 50% of their scheduled primary season games in MY2016.

• 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, just check the box on the Referee Form and return it without the RRA signature).
4. A single Regional 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
	U-14	\$550	\$200	\$750
	U-12	\$525	\$200	\$725
	U-10	\$500	\$200	\$700

Send your completed application and Regional Check to:

**Tournament Registrar**  
**AYSO Oxnard Sports Festival Soccer Tournament**  
3481 West 5th Street, Suite #106  
Oxnard, CA 93030

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.

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.ayso304.org](http://www.ayso304.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:

Chris Jetton – Tournament Director  
E-mail : [OSFtournament@gmail.com](mailto:OSFtournament@gmail.com)  
Web site at [www.ayso304.org](http://www.ayso304.org)



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## Tournament Team Application

Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

### Contact Information

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
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# _____
Certification Level/DATE: _____	Certification Level/DATE: _____
Safe Haven Date: _____	Safe Haven Date: _____

### Team Rating Criteria:

- 1) We are an Allstar/Extra/Select Team, the only one from our region.(please circle one if it applies) \_\_\_\_\_ 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 regular-season 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.

\_\_\_\_\_ Yes, I understand that this is a 2-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 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 will be mailed to:

AYSO Region # \_\_\_\_\_

Send Check to: Regional Treasurer Name: \_\_\_\_\_

Region Mailing Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_



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## eAYSO Team Tournament Roster

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eAYSO Team Tournament Roster **sorted by jersey numbers** including and signed by team's Regional Commissioner is the only acceptable roster for 2017 Oxnard Sports Festival Soccer Tournament.

eAYSO Team Tournament Rosters must show the **Coach** and **Assistant Coach** certified at the required level of age appropriate training or higher.

If you will bring Guest Players, please attach the Guest Player Form to the eAYSO Team Tournament Roster

<b><i>Maximum # of Players:</i></b>		
<b>U-10</b>	<b>U-12</b>	<b>U-14</b>
<b>10</b>	<b>12</b>	<b>15</b>



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## Guest Player Form

Borrowing Team Information:

Roster Date:

Region:		Team Name:	
Coach Name:			
Age Division:	U-10	U-12	U-14
	Boys	Girls	Coed

2017 Oxnard Sports Festival Soccer Tournament rules allow teams to bring up to 3 "Guest Players" when they are unable to recruit sufficient players from their own region. These Guest Players must be properly registered AYSO players who were registered to play in their home region for the MY2016 primary season and have played in at least 50% of their games.

*(List In Order By Uniform Shirt No.)*

Shirt #	Region #	Player ID #	Player's Name <small>Last, First (please print)</small>	Age	Date of Birth	Telephone <small>Including Area Code</small>

***By my signature below, I certify that all players on this roster are valid registered players in my region and are approved to join the above team and participate in this tournament:***

Guest Player(s)  
Regional  
Commissioner:

\_\_\_\_\_

*Print Name*

*Signature (Red or Blue Ink)*

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

***By my signature below, I approve that these \_\_\_\_\_ (number of players) guest players are approved to join the above team and participate in this tournament:***

Host Team Regional  
Commissioner:

\_\_\_\_\_

*Print Name*

*Signature (Red or Blue Ink)*



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## Team Rating Form

**Team Information:**

**Roster Date:**

<b>Region:</b>		<b>Team Name:</b>				
<b>Coach Name:</b>						
<b>Age Division:</b>	<b>U-10</b>	<b>U-12</b>	<b>U-14</b>	<b>Boys</b>	<b>Girls</b>	<b>Coed</b>

Number of All Stars players:     1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18  
 Number of Tournament players: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18  
 Number of Recreational players: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

This team is made up of \_\_\_\_\_ older players, \_\_\_\_\_ younger players?

This team has entered \_\_\_\_\_ Tournaments?

Extra Team \_\_\_\_\_ Tournament Team \_\_\_\_\_ League Team \_\_\_\_\_

Name of tournaments and how the team placed?

- Tournament 1 \_\_\_\_\_
- Tournament 2 \_\_\_\_\_
- Tournament 3 \_\_\_\_\_
- Tournament 4 \_\_\_\_\_
- Tournament 5 \_\_\_\_\_
- Tournament 6 \_\_\_\_\_

Overall record at the time this form is submitted:     Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Ties: \_\_\_\_\_

\_\_\_\_\_



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## Team T-shirt Order Form

The 2017 Oxnard Sports Festival Soccer Tournament souvenir T-shirts will ONLY be available for purchase in advance. Teams wishing to purchase Tournament souvenir T-Shirts must submit this order form with a check payment no later than Marh 31, 2017. Tournament souvenir T-shirts will not be available for sale on the day of the tournament. On the form below, please enter the number and sizes of team T-shirts that you would like to pre-order.

A check for the amount of the pre-order T-shirts must be included with your order. Please make out the check to: "AYSO Region 304 OSF Soccer Tournament".

Please note that if the tournament is cancelled due to inclement weather or similar reasons, no refunds will be given for T-shirts purchased in advance. All T-shirts ordered in advance will be delivered.

### Return this Form with the Application Form

**Team Information:**

Region: _____ Team Name: _____							
Coach Name: _____							
Age Division:	U-10	U-12	U-14		Boys	Girls	

**Pre-Orders:**

Do you want to order any additional tournament T-shirts? If so, please indicate the number and sizes below:

Size	T- Shirt Quantity	\$ Per T-Shirt	Total Pre-order Cost
Youth Large		\$ 10	\$
Adult Small		\$ 10	\$
Adult Medium		\$ 10	\$
Adult Large		\$ 10	\$
Adult X-Large		\$ 10	\$
Adult XX-Large		\$12	\$
Adult XXX-Large		\$14	\$
<b>Please include a check for this amount</b>		\$	