



2017 Apricot Jam – Tournament Application

Girls- April 22 & 23, 2017 and Boys- April 29 & 30, 2017

AYSO Region #: _____ Region Name: _____ Coach Last Name: _____

Uniform Color: _____

Team Name: _____

2016/17 Age Division: U10 ☐

U12 ☐

U14 ☐

Boys ☐

Girls ☐

Coaches Information-PLEASE type or print CLEARLY

Asst. Coaches Information-PLEASE type or print CLEARLY

Last Name: _____

Last Name _____

First Name: _____

First Name _____

AYSO ID# _____

AYSO ID# _____

Certification Level _____

Certification Level _____

Safe Haven Date _____

Safe Haven Date _____

Coach E-mail _____

Best team contact E-mail _____

Best Coach contact phone # (_____) _____

Best team contact phone # (_____) _____

Team Rating Criteria-Please answer ALL Questions 1 thru 7 as honestly as possible, this will help us balance the pools.

1.) We consider our team to be _____ Choose from below (a-f)

- a.) A Regular Fall or Spring Team, 2016/17- Primary/Core program team - balanced by the region.
- b.) An All-Star team - the “best” players in their division, chosen from their regular 2016 Fall Primary/Core program teams.
- c.) EXTRA team - chosen by try-outs and played in our Sections 2016 Fall Extra League Program.
- d.) Challenge team - chosen by try outs and played in the 2016 Fall Club circuit.
- e.) Select team- Post Fall 2016 League team- chosen by try-outs and/or based on skill.
- f.) Tournament team- Post Fall 2016 League team-please explain bases for player placement? _____

2.) Refer to question #1 (a-d), how many players played for each type of team? Account for each player on your team.

- a.) _____ b.) _____ c.) _____ d.) _____ during the 2016 Fall season.

3.) How many players do you have of each? Account for each player on your team.

- _____ Exceptional players will be a deciding factor on a win or loss - their absence would definitely have a negative impact on the team.
- _____ Average players will contribute to a win more times than not - their absence may have a negative impact on the team.
- _____ Less than Average players do not contribute to a win - their absence most likely will not have a negative impact on the team.

4.) If your region has more than one team in your division, in this tournament, where does your team rank? _____ of _____ teams.

5.) Please check next to all of the programs your region has available in your division: ☐ All-Stars ☐ Extra ☐ Challenge

6.) How would you rate your teams level of play on a scale of 1 – 10, (1 being low and 10 being high)? _____

7.) Is your team preparing to be an Extra or Challenge team next Fall 2017? yes ___ no ___

NOTE: You will be asked for an updated rating about 30 days before the tournament, at that time please feel free to send pictures and links of scoreboards for any tournaments that you attend between now and the start of this tournament. Please include team designation.

Roster- The only acceptable roster for the 2017 Apricot Jam must be from **Membership Year 2016/17, generated from eAYSO, sorted in Jersey order and signed by the team's Regional Commissioner.** Rosters must show the Coach and Asst. Coach both certified at the level of the team that they are coaching, the CURRENT Safe Haven date (completed after 6/2014). If you bring Guest Players, please attach the Guest Player form to the EAYSO Jersey Order Roster. **Max Number of players: U10-10 players, U12-12 players, U14-15players.**

Regional Commissioner Approval: Yes, the above team has my permission to attend the Apricot Jam Tournament.

Print Name

RC Signature (any color but black, please)

RC Email: _____

RC Best Phone: _____

Print Clearly

Yes, I have read the tournament rules and I promise to abide by them, **Head Coach Signature** _____

Registration Questions? Call (805)529-2411, email tournament@moorparkayso.org or visit our website www.moorparkayso.org



2017 Apricot Jam – Guest Player Form

Please use **ONLY** when Borrowing players from a Region other than your own.
All players from with-in your region **MUST** be on the approved EAYSO roster

Borrowing Team Information:

Roster Date:

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

Apricot Jam 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 registered in eAYSO for the 2016 Membership year.

(List In Order By Uniform Shirt No.)

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

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)*