



## 2017 Apricot Jam – Tournament Application Girls- April 22 & 23, 2017 and Boys- April 29 & 30, 2017

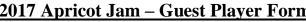
		20 July 20 July 20 Grade 1					
AYSO Region #: Region Name:		Coach Last Name:					
Uniform Color:		Team Name:					
2016/17 Age Division: U10 U12	U14	Boys					
Coaches Information-PLEASE type or print CLEARI	LY	Asst. Coaches Information-PLEASE type of	or print CLEARLY				
Last Name:		Last Name					
First 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 Que	estions 1 thr	u 7 as honestly as possible, this will help us balance	e the pools.				
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?							
7.) Is your team preparing to be an Extra or Challenge team next Fall 2017? yesno							
<b>NOTE:</b> 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, p	olease)				
RC Email:	F	CC Best Phone:					

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

9/22/2016





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:						
Reg	jion:	Re	gion Name:								
	Coach Nar	ne:									
Age	Division: U-10 U-12		U-14	Boys	Girls						
pricot Jam rules allow teams to bring up to 3 "Guest Players" when they are unable to recruit sufficient players fro neir own region. These Guest Players must be registered in eAYSO for the 2016Membership year.  List In Order By Uniform Shirt No.)											
Shirt	Region	Player ID #		ayer's Nam		<u>Age</u>	Date of	Telephone			
#	#		Last,	First (please pr	inti		<u>Birth</u>	Including Area Code			
<i>pprove</i> Guest		elow, I certify that he above team and Regional	l participate i			gistered		region and are (Red or Blue Ink)			
appro	signature	below, I approve t the above team an		in this tourn		r of play	ers) guest pla	nyers are			
Comn	nissioner:	_	Drin	t Namo			Signaturo	(Ped or Blue Ink)			