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| **aysologo** | **Sponsored by AYSO Region 363 Moorpark, California**  **Moorpark Tune-Up Tournament**  **Team Application Form** | ExtraAYSO |

**Application Instructions**

Applications are now being accepted for entrance into the AYSO Moorpark Extra Tune-Up Tournament.

The deadline to enter the tournament is **August 2nd, 2015.**  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:

* **Only an eAYSO Roster in Jersey # order** 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 are registered to play in the AYSO 2014 Extra season 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:  
    
     
   U-16 16 players max 11-v-11 play

U-14 15 players max 11-v-11 play

U-13 15 players max 11-v-11 play

U-12 12 players max 9-v-9 play

U-11 12 players max 9-v-9 play

U-10 12 players max 7-v-7 play

U-9 10 players max 7-v-7 play

1. The completed Referee Form signed by your Regional Referee Administrator (please indicate if you are NOT bringing referees on the Referee Form and return it **WITH** the RRA signature).  
   **Refundable referee fee: $250**
2. A single **Regional** check for the total amount of the Team Entry Fee.

**Team fees are: $300-U9/U10, $350-U11/U12, $400-U13/U14, $400-U15/U16**

Send your completed application and Regional Check to: Tournament Registrar

AYSO Moorpark Tune-Up Tournament

PO Box 241

Moorpark, California, 93020

If accepted, it will be assumed that you intend for your team to play the entire tournament, 2 games Saturday, 2 games Sunday.

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 **20** or more days prior 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.moorparkayso.org](http://www.moorparkayso.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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Doug Laabs

E-mail [tournaments@moorparkayso.org](mailto:tournaments@moorparkayso.org)

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

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| **aysologo** | | | | | | | | **Sponsored by AYSO Region 363 Moorpark, California**  **Moorpark Tune-Up Tournament**  **Team Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | ExtraAYSO | | |
| Application Date: | | | | | | | | |  | |
| Section: | |  | | | | | | | Area: | | |  | | | Region #: | | |  | | | | Region Name: | | | | | | | | |  | | | | | | | |
| Team Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age Division (Please Circle): | | | | | U9: | | | U10: | | U11: | | | U12: | U13: | | U14: | U16: | | |  | (Please Circle): | | | | |  | | | | Boys | | | Girls | | |  |
| **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: | | | | | | | |  | | | | | | | | | | | Certification Level: | | | | | | | | |  | | | | | | | | | | |
| Safe Haven Date: | | | | | | | |  | | | | | | | | | | | Safe Haven Date: | | | | | | | |  | | | | | | | | | | | |
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**Team Rating Criteria:**

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| 1) We are an Extra Team, the only one from our region. | | | |  | Yes | |  | No |
| 2) We are an Extra Team, one of |  | teams in this age division from our region. | |  | Yes | |  | No |
|  | | | |  |  | |  |  |
| 3) Team competitive rating is between 1 (low) and 10 (high) is: | | |  | | |  | | |
| 4) The average age of our players as of January 1, 2015 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 2 games played on Saturday and Sunday.  I hereby notify you that I will NOT be able to complete the full tournament for the following reason: | | | | | | | |  |
|  | | |  | |  | | | | |
| Coach Signature | | | |  | | | | | |
| **Regional Commissioner Approval:** Yes, the above team has my permission to attend the Extra Tune-Up 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: | | |  | | |