



AYSO TRI STATE GAMES SOCCER TOURNAMENT

Team Application Form

Application Instructions

Applications are now being accepted for entrance into the 2ND Annual AYSO TRI STATE GAMES SOCCER TOURNAMENT.

The deadline to enter the tournament is **April 15, 2008**. Applications will be 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:

- 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 to play in the AYSO 2007 – 2008 season.
- 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:

U12	12 players max	9 v 9 play
U14	15 players max	11 v 11 play
U16/19*	18 players max	11 v 11 play

*NOTE: **ALL** U16 Teams will play in the U19 Division

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
	U12	\$200.00	\$100.00	\$300.00
	U14	\$200.00	\$100.00	\$300.00
	U16/19*	\$200.00	\$100.00	\$300.00

Checks should be made out to:

AYSO AREA 4 J

Send your completed application and Regional Check to:

Tournament Registrar
AYSO TRI STATE GAMES
c/o Melanie Sutton
502 South Bailey
North Platte, Nebraska 69101

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 is found. Refunds will be reimbursed back to your local region at the discretion of the Tournament Committee.

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:

Jaide Sutton 308-534-9106
E-mail jaidesutton@hotmail.com

or

Brenda Herian 308-762-2981
E-mail my-sons-a-keeper@hotmail.com



AYSO TRI STATE GAMES SOCCER TOURNAMENT

Tournament Logo Here

Team Application Form

Application Date: _____

Section: 4 Area: _____ Region #: _____ Region Name: _____

Team Name: _____

Age Division: _____ U12 _____ U14 _____ U-16/19 _____ 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: _____ Certification Level: _____

Safe Haven Date: _____ Safe Haven Date: _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them. I also am committed to returning on the alternative dates should the tournament be rescheduled due to inclement weather, etc.

These dates are TBD – This is not yet confirmed but possibly June (6) 7 & 8, 2008.

Coach Signature

Regional Commissioner Approval:

Yes, the above team has my permission to attend the AYSO TRI STATE GAMES SOCCER 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

Email: _____ Best Phone: _____

The Referee Refund Check should be mailed to:

AYSO Region # _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____