



Sponsored by AYSO Section Fourteen

# 2008 AYSO Section 14 State Games Tournament Team Application Form



## Application Instructions

Applications are now being accepted for entrance into the AYSO State Games Tournament.

The deadline to enter the tournament is December 5<sup>th</sup>, 2007. 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:**

- Alternatively, an eAYSO Roster form will be accepted, however 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 December 12<sup>th</sup>, 2007; after that, no roster changes. All roster changes must be approved by your Regional Commissioner and finalized by your Area Director.
- Rosters must be comprised solely of players who were registered to play in the AYSO 2007 primary season program.
- Up to three alternates may be included on the roster per team.

• Player roster limits are as follows:

U-19/U-16	18 players max	11-v-11 play
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
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-19/U-16	\$300	\$300	\$600
	U-14	\$300	\$300	\$600
	U-12	\$300	\$300	\$600
	U-10	\$175	\$300	\$475

Send your completed application and Regional Check to:

Tournament Registrar  
 AYSO Section 14  
 7936 W Lantana Rd  
 Lake Worth, FL 33467

If accepted, it will be assumed that you intend for your team to play the entire tournament, and to return if necessary on the rainout alternative dates (in the event that becomes necessary).

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 prior to December 20<sup>th</sup>, 2007 from 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.aysosection14.org](http://www.aysosection14.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:

Bill Reese 561-248-5965  
 E-mail [WReese@arcadis-us.com](mailto:WReese@arcadis-us.com)  
 Web site [www.aysosection14.org](http://www.aysosection14.org)



# 2008 AYSO Section 14 State Games Tournament



## Team Application Form

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

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

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

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ U-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: \_\_\_\_\_

Shirt Size: AS AM AL AXL AXXL Shirt Size: AS AM AL AXL AXXL

### Team Rating Criteria:

- 1) We are the Select Team, the only one from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) We are the Select Team, one of \_\_\_\_\_ teams in this age division from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) We are a Fall All-Star team. \_\_\_\_\_ Yes \_\_\_\_\_ No

### Team Head Coach Approval:

\_\_\_\_\_  
Yes, I have read the tournament rules and I promise to abide by them. I also have read and understand that I will not pull my team from any tournament schedules game or face future suspension.

\_\_\_\_\_  
Yes, I understand that this is a 3-day tournament and that the medal round games are on the second and third days.

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the AYSO State Games Tournament. Please report any behavior problems to me immediately.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (in red or blue ink only, please)

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

### The Check should be mailed to:

AYSO \_\_\_\_\_ Section 14 \_\_\_\_\_

Send Check to Attention of: \_\_\_\_\_ Tournament Registrar \_\_\_\_\_

Mailing Address: \_\_\_\_\_ 7936 W Lantana Rd \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Lake Worth, FL 33467 \_\_\_\_\_