AYSO 7E 2019 Island's Best Tournament
Team Application Form

Section:		Area:		Region #:		Region Name:		Application Date:	
Team Name:									

Contact Information			
Coach Name:		Asst. Coach Name:	
E-mail:		E-mail:	
Phone Number:		Phone Number:	
Emergency Phone Number:		Emergency Phone Number:	
AYSO ID#:		AYSO ID#	
Training Level :		Training Level :	
Safe Haven Date:		Safe Haven Date:	

Age Division **10U** ☐ **12U** ☐ **14U** ☐

Gender **Boys** ☐ **Girls** ☐

Team Rating **Gold** ☐ **Silver** ☐

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.

_____
Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to participate in the Island's Best Tournament. Please report any behavior problems to me immediately.

_____
Print Name Signature (in red or blue ink only, please)

Email: _____ Best Phone: _____

The Referee Refund Check should be mailed to:
AYSO Region # _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____

11/8/2019