



2024 AYSO KIRK BANKS TOURNAMENT
Application Form
DUE: FEBRUARY 15, 2024



Application Date: _____

Section: ____ Area: ____ Region: ____

Region Name: _____

10U: ____ 12U: ____ 14U: ____ 16/19U: ____ B / G
Age Group/Division Circle

10U,12U,14U Level: _____
Gold, Silver, Bronze

16/19U Level: Div.1: ____ Div. 2: ____
Div. 1 = 51% U19 players Div. 2 = 51% U16

CONTACT INFORMATION

Coach: _____ Asst Coach: _____

Email Address: _____ Email Address: _____

Cell Phone: _____ Cell Phone: _____

REQUIRED TRAINING FOR ALL COACHES

Coach Certification Level: _____ Coach Certification Level: _____

Certification Date: _____ Certification Date: _____

Safe Haven Certification Date: _____ Safe Haven Certification Date: _____

Concussion Awareness Date: _____ Concussion Awareness Date: _____
or or
HCAMP Completion Date: _____ HCAMP Completion Date: _____

Sudden Cardiac Awareness Date: _____ Sudden Cardiac Awareness Date: _____

Safe Sport Training MY2023: _____ Safe Sport Training MY2023: _____

As the coach/coaches of the above team, I/we acknowledge that we have read the 2024 KBT Rules and Regulations and will follow them. I/we also acknowledge and understand the need to provide a qualified referee team. **A completed referee commitment form will be returned by March 1, 2024**

Coach Signature

Assistant Coach Signature

REGIONAL COMMISSIONER APPROVAL

I verify that the Coach and Assistant Coach are certified AYSO Coaches and have my permission to participate in the 2024 Kirk Banks Tournament.

Regional Commissioner Signature

Date: _____

Tournament Staff only

Date Paid: _____ Pmt. Amt: _____ Notes: _____