



AYSO National Games 2016

VIP Team Registration Form



To participate in the VIP division at the National Games 2016 this registration form and the \$200 team registration fee are due to the National Office on or prior to January 31, 2016. Please postmark by January 24, 2016 for enough delivery time.

The following information is required. Please print legibly.

Area Director or Regional Commissioner Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____ Section/Area/Region: _____

I confirm that I am the Area Director/Regional Commissioner and I am registering my Area/Region to participate in the VIP division at the National Games 2016. I have read and agree to the terms and conditions outlined in the VIP Governing Rules posted on www.aysonationalgames.org.

Area Director/Regional Commissioner Signature Date

Please complete the following if you have identified the coach.

Coach Name: _____

Coach Certifications: AYSO Safe Haven™ Circle: Yes or No Certification date: _____

Circle yes or no. Provide CDC Concussion Awareness Circle: Yes or No Certification date: _____
certification date.

VIP Volunteer Training Circle: Yes or No Certification date: _____

Coach Training level: _____

City/State/Zip: _____

Best Phone: _____ Cell phone: _____

E-Mail Address: _____ Fax: _____

Please return this form and the \$200 team registration fee by **January 31, 2016** to:

AYSO National Office – National Games VIP
19750 S. Vermont Ave. Suite 200
Torrance, CA 90502

For NSTC Use Only

Received Date: _____ Check Date: _____ Check #: _____

Confirm Regional Check: _____ Amount: _____ Receipt Acknowledged: _____