



Sponsored by AYSO Region 114 Long Beach, California

1st Annual AYSO Battle at the Beach Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO 114 Battle at the Beach Tournament.

The deadline to enter the tournament is **July 24th, 2019**. 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:

- A Blue Sombrero 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 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 are registered in the upcoming AYSO 2019 primary program.
- 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. These players need to be registered in the AYSO 2019 primary program to be eligible to participate.

Player roster limits are as follows:

U-14	15 players max	11-v-11 play
U-13	15 players max	11-v-11 play
U-12	12 players max	9-v-9 play
U-11	12 players max	9-v-9 play
U-10	10 players max	7-v-7 play
U-9	10 players max	7-v-7 play

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 region 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-13 / U-14	\$500	\$200	\$700
	U-12 / U-11	\$500	\$200	\$700
	U-09 / U-10	\$400	\$200	\$600

Send your completed application and regional check to:

Tournament Registrar
AYSO Battle at the Beach
5858 Daneland St.
Lakewood, CA 90713

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 within 48 hours of your decision.

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 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.AYSO114.org

Please note that e-mail and the internet will be the primary means of communication for this tournament.

We will be sending out email confirmations once your application is received. In the meantime, if you have any further questions, you may contact us as follows: Nicala Bousard – Email: Ayso114tournamentregistrar@gmail.com

Web site www.AYSO114.org



1st Annual AYSO Battle at the Beach

Team Application Form



Application Date: _____

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

Team Name: _____

Age Division: _____ U-09 _____ U-10 _____ U-11 _____ U-12 _____ U-13 _____ U-14 _____ Girls _____ Boys

Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
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# _____
Training Level : _____	Training 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 an Extra Team, the only one from our Region in this age division _____ Yes _____ No
- 2) My team competitive rating between 1 (low) and 10 (high) is _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

Yes, I understand that this is a 2-day tournament and that the medal round games are on the second day.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend Battle of the Beach 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 (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 _____