

28th Annual Dirk Keck Cottontail Classic





					,	Application Date:	
Section: _		Area:	Region: _		Region Name:		
Team Nar	me:						
Age Divisi	ion: U10	U12	U14	U16 _	U19		
Gender:	Boys	Girls	Coed	_			
			(Contact Ir	formation		
Coach Name:					Asst. Coach Name:		
Email:					Email:		
Mailing Address:					Mailing Address:		
City/State/Zip:					City/State/Zip:		
Phone Number:					Phone Number:		
Training Level:					Training Level:		
Shirt Size (circle): AS AM AL AXL AXXL AXXXL					Shirt Size (circle): AS AM AL AXL AXXL AXXXL		
Team Manager:					Email:		
					Cell Phone:		
Team Rat	ting Criteria	: (circle one)		!			
1. V	Ne are an Al	l Star / Select Tear	m of	team(s)	in our division & Region.	YES / NO	
2. V	Ne are an E	xtra Team	of team(s)) in our div	ision and Region.	YES / NO	
3. We are an AYSO Alliance / Club Soccer Team					YES / NO		
4. N	4. My team competitive rating between 1 (low) and 10 (high) is:						
5. 7	The average	age of our players	as of January 1,	2024 is: _			
Team Hea	ad Coach A	pproval: (initial & si	ign)				
	dates sho Yes, I un	ould the tournamen derstand that this i	t be rescheduled is a 2/3 day tourn	due to inclarate	lement weather, etc.	nitted to returning on the alternative re on the second/third day. I hereby	
				Coach S	signature		
Regional	Commissio	oner Approval: (pri	int name & sign)				
Yes, the a	above team l ely. I underst	nas my permission and that the player	to attend the Dirk	ny Region (tontail Classic. Please report an Guest Players) will need approv est players for this team.	y behavior problems to me val as well from the guest player's	
		Print	ted Name		Signature		
Er	mail:				Phone:		

The referee refund check	can be mailed to:
AYSO Region #:	
Send Check to Treasurer:	
Mailing Address:	

TC – 125 Rev 1.03