



Hosted by AYSO Region 129 Visalia, California

2017 Halos General Sherman Classic Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 2017 AYSO Halos General Sherman Classic.

The deadline to enter the tournament is twenty days prior to the date of the tournament. 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. Only eayso rosters will be accepted and must be signed by the Regional Commissioner.

Roster Notes:

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 were registered and played in the AYSO 2014 primary program.

Up to 1 guest player may be added to your roster from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner must sign the roster.

Player roster limits are as follows:

| | | |
|------|----------------|--------------|
| U-14 | 15 players max | 11-v-11 play |
| U-12 | 12 players max | 9-v-9 play |
| U-10 | 10 players max | 7-v-7 play |
| U-8 | 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-14 | \$350 | \$200 | \$550 |
| | U-12 | \$325 | \$200 | \$525 |
| | U-10 & U-8 | \$300 | \$200 | \$500 |

Send your completed application and regional check to:

Tournament Registrar
AYSO General Sherman Classic
2935 W. Howard Avenue
Visalia, California, 93277

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 21 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 visaliaayso.clubspaces.com

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

We will be sending out information via email newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Paul Siebuhr (559) 805-2722
E-mail: generalshermanclassic@gmail.com
Web site visaliaayso.clubspaces.com



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2017 Halos General Sherman Classic Team Application Form



Application Date: _____

| | | | | | | | |
|----------|--|-------|--|-----------|--|--------------|--|
| Section: | | Area: | | Region #: | | Region Name: | |
|----------|--|-------|--|-----------|--|--------------|--|

| | |
|------------|--|
| Team Name: | |
|------------|--|

| | | | | | | | |
|---------------|-----|------|------|------|------|-------|------|
| Age Division: | U-8 | U-10 | U-12 | U-14 | Boys | Girls | Coed |
|---------------|-----|------|------|------|------|-------|------|

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 All-star/Select Team, the only one from our Region. | Yes | No |
| 2) We are an All-star/Select Team, one of _____ teams in this age division from our Region. | Yes | No |
| 3) We are a fall primary program team. | Yes | No |
| 4) My team competitive rating between 1 (low) and 10 (high) is _____ | | |
| 5) The average age of our players as of January 1, 2016 is _____ | | |

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them and also to attend the tournament on March 11 and March 12 should the original dates get cancelled due to rain.

Yes, I understand that this is a 2-day tournament and that the medal round games are on the second day. I hereby notify you that I will NOT be able to complete the tournament for the following reason: _____

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the AYSO Halos General Sherman Classic. 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 Players Regional Commissioner. I hereby approve the addition _____ Guest Players for this team.
of _____

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 _____