



Sponsored by AYSO Region 77 Lompoc, California



AYSO Spaceport Classic Open Invitational Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO Spaceport Tournament.

The deadline to enter the tournament is **December 15th, 2023**. 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:

- Sports Connect Roster forms are preferred, but we will accept official club team rosters. They must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner or Club Administrator.
- 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 or Club Administrator.
- Rosters must be comprised solely of players who were registered and played in the AYSO 2023 primary program or 2023 club season.
- 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 or Club Administrator.
- 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

3. The completed Referee Form signed by your Regional Referee Administrator or Referee Association.
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	\$650	\$300	\$950
	U-12	\$650	\$300	\$950
	U-10	\$600	\$300	\$900

Send your completed application and regional check to:

Tournament Registrar
AYSO Spaceport Classic
PO Box 1211
Lompoc, California, 93438

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.ayso77.org

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:

RC: Randi Chavoya
Tournament Contact: Lesa Keasler **805.464.7944**
E-mail lompocregistrar77@gmail.com
Web site www.ayso77.org



AYSO Spaceport Classic Open Invitational Tournament

Team Application Form



Application Date: _____

Section: _____ Area: _____ Region/Org#: _____ Region Name: _____

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ Boys _____ Girls _____ Coed

Maximum # of Players:*				
U-10	U-12	U-14	U-16	U-19
10	12	15	18	18

Teams may submit an official roster in lieu of this roster form. If you do, make sure the Regional Commissioner signs that form or Club Administrator. If you also will be bringing Guest Players when allowed, you will need to use the separate Guest Player Form.

**AYSO may allow larger rosters for non-AYSO teams under conditions listed in Appendix 7.E of the AYSO Tournament Handbook.*

Directions: Region#Org. Name: Region or Organization in which player is registered. Player ID #: The National AYSO/Organization Registration Number.

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/Player ID#: _____	AYSO/Player ID#: _____
Training Level : _____	Training Level : _____
Safe Haven Date: _____	Safe Haven Date: _____

Team Rating Criteria:

- | | | | | |
|--|-------|-----|-------|----|
| 1) We are an Allstar/Select Team, the only one from our Region. | _____ | Yes | _____ | No |
| 2) We are an Allstar/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 December 31st, 2023 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 the Spaceport 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
