



Sponsored by AYSO Region33 Encino, California  
**Cynthia Petrillo Memorial Turkey Tournament  
 2023 Team Application Form**



**Application Instructions**

Applications are now being accepted for entrance into the AYSO Region 33 **Cynthia Petrillo Memorial Turkey** Tournament. Hereby referred to Thanksgiving tournament.

The deadline to enter the tournament is **November 10, 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. A Blue Sombrero Team Roster Form signed by your Regional Commissioner. Only the coach and assistant coach listed on the roster may coach the team.

**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 2023 primary program.
- For division U10 through U14 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.

• Player roster limits are as follows:			
	14-U	15 players max	11-v-11 play
	12-U	12 players max	9-v-9 play
	10-U	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
	14-U	\$525	\$200	\$725
	12-U	\$500	\$200	\$700
	10-U	\$475	\$200	\$675

Send your completed application and regional check to:  
 Tournament Registrar  
 c/o Turkey Tournament  
 P.O. Box 17628  
 Encino, California, 91416-7628

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. Replacement teams will be assigned within their division based on earliest team to drop. Teams wishing to drop may submit their own replacement team, but that team must meet all tournament requirements and provide all tournament documentation.

All information about the tournament can be obtained by visiting our website at [www.ayso33.org](http://www.ayso33.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 once your application is received.** If you have any further questions, you may contact us as follows:

Melanie Oberman  
 E-mail: [ayso33turkey@gmail.com](mailto:ayso33turkey@gmail.com)  
 Web site [www.ayso33.org](http://www.ayso33.org)



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Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ 10-U \_\_\_\_\_ 12-U \_\_\_\_\_ 14-U \_\_\_\_\_ 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 Extra Team, one of \_\_\_\_\_ teams in this age division 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) We are a team composed of children of volunteers from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5) My team competitive rating between 1 (low) and 10 (high) is \_\_\_\_\_
- 6) The average age of our players as of July 31, 2022 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 and other additional 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



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**Regional Commissioner Approval:** Yes, the above team has my permission to attend the 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 \_\_\_\_\_