



5th Annual Ventura Viper AYSO Elite Soccer Tournament



Tournament Information

Application Instructions

Applications are now being accepted for entrance into the 5th Annual Ventura Viper AYSO Elite Soccer Tournament. **All applications must be electronically, printed, signed and then mailed.**

The deadline to enter the tournament is **April 1, 2017**. Applications received 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 considered after the application is complete. **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 or Regional Tournament Teams Director. Please identify team colors on the application form!
2. Team Roster Form signed by your Regional Commissioner or Regional Tournament Teams Director.
Roster Notes:
 - An eAYSO Roster must be submitted; it must include the names of the Head Coach and Assistant Coach and signed by your Regional Commissioner or Regional Tournament Teams Director. **Only eAYSO rosters will be accepted!**
 - Roster changes will be allowed up until the initial Team Check-in; after that, no roster changes will be accepted. All roster changes must be an eAYSO Roster and signed and approved by your Regional Commissioner or Regional Tournament Teams Director.
 - Rosters must be comprised solely of players who were registered to play in the AYSO 2016 primary season program.
 - Up to 3 guest players may be added to your roster from a neighboring AYSO region within your Area. In this case, the guest player's Regional Commissioner must also sign the roster.
 - Player roster limits are as follows:

U-14	15 players max	11-v-11 play
U-19	18 players max	11-v-11 play
3. The completed Referee Information Form (including Youth Referee forms if required) must be typed and signed by your Regional Referee Administrator or Area Referee Administrator (see Referee Plan for details).
4. T-Shirt Order form for all players (15 max for U14; 18 max for U19) and coaches (2 max).
5. The Team Rating Criteria must be completed on the Application. Please be as accurate as possible as balanced pools are determined using this information.
6. A single Regional check made out to AYSO Region 39 for the total amount of the Team Entry Fee and the Referee Commitment Fee is required.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U-14	\$550	\$200	\$750
	U-19 Girls	\$350	\$200	\$550
	U-19 Boys	\$350	\$100	\$450

Send your completed application and Regional Check to:

Gil Torres, Tournament Director
Ventura Viper AYSO Elite Soccer Tournament
1802 Eastman Ave, Ste. 113
Ventura, CA, 93003

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 and check to you.
Refund: if you withdraw your application 30 or more days before the start of the tournament (on or before March 22, 2017), a full refund will be issued. If you withdraw less than 30 days from the start of the tournament (after March 22, 2017), 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.ayso39.org

Please note that email 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. In the meantime, if you have any further questions, you may contact us as follows:

Gil Torres, Tournament Director
Email: tournament.director@ayso39.org
Web site www.ayso39.org



5th Annual Ventura Viper AYSO Elite Soccer Tournament



Team Application Form

Application Date: _____

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

Team Name: _____

Age Division: _____ U-14 _____ U-19 _____ Boys _____ Girls **Uniform Color: Shirt: _____ Shorts: _____ a**

Contact Information **Please fill this out!!** Socks: _____ a

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
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# _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
Shirt Size: AS AM AL AXL AXXL AXXXL	Shirt Size: AS AM AL AXL AXXL AXXXL

Team Rating Criteria:

- | | | | | |
|--|-------|-----|-------|----|
| 1) We are an Allstar/Tournament Team, the only one from our region. | _____ | Yes | _____ | No |
| 2) We are an Allstar/Tournament Team, one of _____ teams in this age division from our region. | _____ | Yes | _____ | No |
| 3) We are a Fall EXTRA Team. Age Group: _____ | _____ | Yes | _____ | No |
| 4) We are a Spring/Fall regular-season team. | _____ | Yes | _____ | No |
| 5) My team competitive rating between 1 (low) and 10 (high) is _____ | _____ | | | |
| 6) The average age of our players as of August 1, 2016 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 or Regional Tournament Teams Director Approval: Yes, the above team has my permission to attend the 5th Annual Ventura Viper AYSO Elite Soccer 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 (please type):

AYSO Region #: _____
 Region Treasurer: _____
 Mailing Address: _____
 City / State / Zip: _____