



Hosted by AYSO Region 397 Bullhead City, AZ

15th Annual AYSO River Daze Open Invitational Tournament

Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO Colorado River Open Invitational Tournament.

The deadline to apply for the tournament is **March 20, 2025**. 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 or Organization President/Registrar
2. Team Roster Form signed by your Regional Commissioner or Organization President/Registrar

Roster Notes:

- Alternatively, AYSO teams may submit a Sports Connect Tournament Roster form, however it must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner.
- 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 Organization President/Registrar.
- Rosters must be comprised solely of players who were registered to play in the most recent AYSO / Organization primary season program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO region or Organization team. In this case, the guest player's Regional Commissioner or Organization President/ Registrar must sign the roster.
- Player roster limits are as follows (unless the team has larger normal roster and gets advance permission from River Daze staff for additional players, just remember **all players must play at least one half of the game**):

19-U/16-U	18 players max	11-v-11 play
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 organizations appropriate Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without signature).
4. A single Regional / Organization check for the total amount of the Team Entry Fee and the Referee Commitment Deposit.

Team fees are:	Age Division	Team Entry Fee	Referee Deposit	Total Fee
	19-U/16-U	\$600	\$350	\$950
	14-U	\$550	\$350	\$900
	12-U	\$525	\$350	\$875
	10-U	\$500	\$350	\$850

Send your completed application and Regional/Organization Check to: Tournament Registrar
AYSO 397- River Daze
2440 Hwy 95 Ste B #397
Bullhead City, AZ 86442

If accepted, it will be assumed that you intend for your team to play the entire tournament, and to return if necessary, on the rainout alternative dates (in the event that becomes necessary).

If your team 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 request.

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.ayso397.org

Please note that email and the internet will be the primary means of communication for this tournament. All emails will get a response within 24 hours. Phone messages will be called back as time permits.

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:

October Larsen (928)201-2987
E-mail bullheadsoccer@yahoo.com
Web site www.ayso397.org



15th Annual AYSO River Daze Open Invitational Tournament

Team Application Form

Application Date: _____

Section: _____ Area: _____ Region Organization _____ Region/Organization Name: _____

Team Name: _____

Age Division: _____ 10-U _____ 12-U _____ 14-U _____ 16-U _____ 19-U _____ Boys _____ Girls _____ Coed

Contact Information

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/Organization ID#: _____	AYSO/Organization ID#: _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
CDC Date: _____	CDC Date: _____
Safe Sport: _____	
Cardiac Date: _____	Cardiac 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 regular-season 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, 2025** is _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them. I also am committed to returning on the alternative dates should the tournament be rescheduled due to inclement weather, etc.

Coach Signature

Regional Commissioner or Organization President/Registrar Approval: Yes, the above team has my permission to attend the Colorado River Open Invitational 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/Organization President 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 /Organization
Treasurer

Send Check to Attention of: _____

Mailing Address: _____
