



2023 EPIC AYSO SECTION 2 SOCCERFEST TEAM APPLICATION FORM

Team Name _____ How many players will attend? _____

How many buddies will attend? _____ How many coaches & assistants? _____

Division: **Upper** **Middle** ✱ **Little** ✱

See the tournament rules for descriptions of the divisions. Please choose the division you prefer and describe your team in the following questions; final assignments are up to the event staff.

Team mobility: **Unrestricted** ✱ **Moderate** **Low** **Extremely Limited** ✱ **Mixed**

Team usually plays against: **Non-disabled opponents** ✱ **Special-needs opponents**

Percentage of players needing one-on-one assistance: _____

Coach Name _____ E-mail _____

Best phone (____) _____

City _____ State _____

AYSO TEAMS: AYSO Section/Area/Region ____/____/____

Regional Commissioner: _____ Phone (____) _____

NON-AYSO TEAMS:

League or Organization: _____ Branch or Region: _____

League Administrator: _____ Phone (____) _____

Signatures: _____

Coach or Contact

AYSO RC or League Administrator

Please return this Team 5 dd`WUjcb Form to the Tournament Registrar by
Wednesday, October 11, 2023: aysoepicsoccerfest@gmail.com