



# AYSO Region 305 Section 2 VIP Soccerfest Team T-shirt Order Form



Coach Name \_\_\_\_\_ E-mail \_\_\_\_\_

Best phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Team Name \_\_\_\_\_ How many players will attend? \_\_\_\_\_

How many buddies will attend? \_\_\_\_\_ How many coaches & assistants? \_\_\_\_\_

**Each player, coach, buddy, and event volunteer will receive a shirt.** Please indicate quantities (this should match total of numbers listed above):

YS	YM	YL	AS	AM	AL	AXL	AXXL	XXXL

**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:** \_\_\_\_\_

**AYSO TEAMS:** AYSO Section/Area/Region \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Regional Commissioner:** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**NON-AYSO TEAMS:**

**League or Organization:** \_\_\_\_\_ **Branch or Region:** \_\_\_\_\_

**League Administrator:** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Coach or Contact

\_\_\_\_\_  
AYSO RC or League Administrator

**Please return Team Application and Blue Sombrero Roster to the Tournament Registrars: Ken and Cindy Meek, (775) 747-0532, cindykenneth87@yahoo.com by *September 30.***