



**MILILANI SUMMER CLASSIC  
MINI GAMES TOURNAMENT  
TEAM APPLICATION FORM  
May 27 & 28, 2023**



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

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

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

Age Division: 10U \_\_\_\_\_ 12 U \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

**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: _____

**Team Rating Criteria:**

- 1) We are a Gold Team. \_\_\_\_\_ Yes
- 2) We are a Silver Team. \_\_\_\_\_ Yes
- 3) We are a Bronze Team \_\_\_\_\_ Yes
- 4) We are a Core/In-House Team \_\_\_\_\_ Yes

**Team Head Coach Approval:** Yes, I have read the tournament rules and I promise to abide by them.

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the Mililani Summer Classic Tournament. Please report any behavior problems to me immediately.

\_\_\_\_\_  
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 \_\_\_\_\_