



Hosted by AYSO Region 310 Glendale/Peoria, AZ, USA

# 26<sup>th</sup> Annual AYSO Cactus Classic Open Invitational Tournament Team Application Form



## Application Instructions

Applications are now being accepted for entrance into the AYSO Cactus Classic Open Invitational Tournament.

The deadline to enter the tournament is February 5, 2016. 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:

- AYSO teams must submit an eAYSO Roster form. 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 just concluded 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:

U-19	18 players max	11-v-11 play
U-16	18 players max	11-v-11 play
U-14	15 players max	11-v-11 play
U-12	12 players max	9-v-9 play
U-10	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. Non-AYSO teams must submit proof of liability insurance and accident reimbursement that is equal to or greater than that provided by AYSO. In addition to the above Non-AYSO team coaches **must provide proof of CDC Concussion Training**.
5. **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
	U-19	\$425	\$150	\$575
	U-16	\$425	\$150	\$575
	U-14	\$425	\$150	\$575
	U-12	\$425	\$150	\$575
	U-10	\$400	\$150	\$550

Send your completed application and Regional/Organization Check to: Tournament Registrar  
AYSO Cactus Classic  
4409 W. Gelding Dr  
Glendale, AZ 85306

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 to you.

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.ayso310.org](http://www.ayso310.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 newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Eric Stauffer (623)670-0225  
E-mail [cactusclassic@ayso310.org](mailto:cactusclassic@ayso310.org)  
Web site [www.ayso310.org](http://www.ayso310.org)



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## Team Application Form

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

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region Organization \_\_\_\_\_ Region/Organization Name: \_\_\_\_\_

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

Age Division: \_\_\_\_\_ U10 \_\_\_\_\_ U12 \_\_\_\_\_ U14 \_\_\_\_\_ U16 \_\_\_\_\_ U19 \_\_\_\_\_ 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: _____ AYSO/Organization ID#:	Emergency Phone Number: _____ AYSO/Organization ID#:
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
CDC Concussion Date _____	CDC Concussion Date _____

Shirt Size: \_\_\_\_\_ AS AM AL AXL AXXL      Shirt Size: \_\_\_\_\_ AS AM AL AXL AXXL

**WE WILL BRING A REFEREE CREW (3 person for Sat & Sun). Initial one: Yes \_\_\_\_\_ No \_\_\_\_\_**

**TEAM RATING -- You must rate your team by checking one of the following:**

\_\_\_\_ Tournament -- Circle: A-team B-team C-team

\_\_\_\_ Club

\_\_\_\_ Challenge

**TEAM COMPETITIVE RATING: (1 to 10, 10 being highest) \_\_\_\_\_**

### Team Head Coach Approval:

\_\_\_\_ Yes, I understand that this is a 2-day tournament and that the medal round games are on the second day. I hereby notify you that I will NOT be able to complete the tournament for the following reason: \_\_\_\_\_

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

**Regional Commissioner or Organization President/Registrar Approval:** Yes, the above team has my permission to attend the Cactus Classic 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: \_\_\_\_\_

City / State / Zip \_\_\_\_\_