



Sponsored by AYSO Region 503 Mesa, Arizona

24th Annual AYSO Kachina Klassic Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 24th Annual AYSO Kachina Klassic Tournament March 13th and 14th, 2010. Rain out date is March 20th and 21st, 2010.

The deadline to enter the tournament is February 13, 2010. 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 Club President or Registrar.
2. Non-AYSO teams must submit proof of liability insurance and accident reimbursement that is equal to or greater to that provided by AYSO.
3. Team Roster Form signed by your Regional Commissioner or Club President or Registrar

Roster Notes:

- Alternatively, an eAYSO Roster form will be accepted, 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 Club President or Registrar.
- Up to 3 guest players may be added to your roster from a neighboring AYSO region or club team. In this case, the guest player's Regional Commissioner or Club President must sign the roster.
- Team Player roster limits are as follows:

U-19/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

4. The completed Referee Form signed by your Regional Referee Administrator or Club Referee Representative for cross coverage between USSF and AYSO (if you're not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature)
5. A single Regional /Club check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U-19/U-16	\$350	\$150	\$500
	U-14	\$350	\$150	\$500
	U-12	\$325	\$150	\$475
	U-10	\$300	\$150	\$450

Send your completed application and Regional Check to:

Tournament Registrar
24th Annual Kachina Klassic
1727 S. Cholla St.
Mesa, Az 85202

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 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 within 48 hours.

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.ayso503.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:

Becky Prince E-mail toothpicker@cox.net Web site www.ayso503.org



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24th Annual AYSO Kachina Klassic Tournament

Team Application Form



Application Date: _____

Section: _____ Area: _____ Region #: _____ Region Name: _____

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ U-16 _____ U-19 _____ 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: _____

CELL Phone Number: _____ CELL Phone Number: _____

AYSO ID#/Non AYSO ID#: _____ AYSO ID#/Non AYSO ID#: _____

AYSO ID#: _____ ID#: _____

Certification Level: _____ Certification Level: _____

Safe Haven Date: _____ Safe Haven Date: _____

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

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 non AYSO team. _____ Yes _____ No

4) My team competitive ratine between 1(low) and 10 (high) 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 (March 20th-21st, 2010) should the tournament be rescheduled due to inclement weather, etc.

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/Club President or Registrar Approval: Yes, the above team has my permission to attend the 24h Annual AYSO Kachina Klassic Tournament. Please report any behavior problems to me immediately. AYSO Teams, I understand that players from outside my region (Guest Players) will need approval as well from the Guest Player Regional Commissioner.

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 #/Club name _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____