



# COYOTE CLASSIC '07

## TOURNAMENT REGISTRATION FORM

Team Name	Region	Section	Area

Indicate Division		Indicate Uniform Colors		
<input type="checkbox"/> U14	<input type="checkbox"/> U12	Jersey	Shorts	Socks
<input type="checkbox"/> U10	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			

Primary Team Contact Name		Address	
Cell phone #		City/State/Zip	
Coach Name		Address	
Cell phone #		City/State/Zip	
Asst. Coach Name		Address	
Cell phone #		City/State/Zip	

**As all Team Contact will be made via E-mail, please provide two (2) E-mail addresses for this team:**

E-mail #1		E-mail #2	
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Player Name (Last, First) Listed in Jersey Number Order	Region	AYSO ID #	Birth Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
End of team for U10 division			
11.			
12.			
End of team for U12 division			
13.			
14.			
15.			

THE ABOVE NAMED ADULT INDIVIDUALS ARE REGISTERED VOLUNTEERS WITHIN THE REGION AND ARE FULLY QUALIFIED TO COACH IN THE ABOVE NAMED DIVISION AND HAVE MY PERMISSION TO REPRESENT OUR REGION IN THIS TOURNAMENT.

Coach's Signature		
Regional Commissioner's Signature		Commissioner's Cell phone #
Tournament Fee \$400 Referee Deposit \$150	ONE Region Check # (Total \$550)	Coaches please retain a photocopy of your application prior to mailing to: <b>COYOTE CLASSIC, Attn: Karen Williams, 12791 Cobalt Road, Victorville, CA 92392</b>



# COYOTE CLASSIC '07

## REFEREE INFORMATION FORM

Team Name	Region	Section	Area

Indicate Division		Head Coach	
<input type="checkbox"/> U14	<input type="checkbox"/> U12	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
<input type="checkbox"/> U10			

REFEREE #1 WILL BE THE REFEREE CONTACT AND WILL RECEIVE THE REFEREE ASSIGNMENTS FOR THE REFEREE TEAM. WE WILL MAKE EVERY EFFORT TO NOT HAVE YOUR REFEREE TEAM OFFICIATING DURING YOUR TEAM'S MATCHES.

Name of Referee #1		Badge Level
Cell phone #		
E-Mail Address of Referee #1		
Name of Referee #2		Badge Level
Cell phone #		
Name of Referee #3		Badge Level
Cell phone #		

HIGHEST MATCH THEY WISH TO OFFICIATE AS A TEAM     U14         U12         U10  
 (Every effort will be made to assign games within this preference.)

IF YOUR REFEREE TEAM COMPLETES ALL REFEREE ASSIGNMENTS YOUR REFEREE DEPOSIT WILL BE REFUNDED WITHIN FOURTEEN (14) DAYS OF THE TOURNAMENT.

List any other participating teams for which this referee team will be officiating:

Team Name	Region	Section	Area
Indicate Division		Head Coach	
<input type="checkbox"/> U14	<input type="checkbox"/> U12	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
<input type="checkbox"/> U10			

Team Name	Region	Section	Area
Indicate Division		Head Coach	
<input type="checkbox"/> U14	<input type="checkbox"/> U12	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
<input type="checkbox"/> U10			

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Regional Referee Administrator's Signature	RRA's Cell Phone #
Regional Commissioner's Signature	Commissioner's Cell phone #