



Sponsored by AYSO Region 665 Victorville, California

1st Annual Summer Sizzle Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO 1st Annual Summer Sizzle Tournament.

The deadline to enter the tournament is **May 11, 2011**. 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.
2. Team Roster Form signed by your Regional Commissioner.

Roster Notes:

- Only EAYSO rosters will be accepted and must be signed by the RC.
- Roster changes will be allowed up until June 10, 2011; after that, no roster changes. All roster changes must be approved by your Regional Commissioner.
- Rosters must be comprised solely of players who were registered to play in the AYSO 2009 primary season program.
- Player roster limits are as follows:

U19	18 players max	11-v-11 play
U16	18 players max	11-v-11 play
U14	15 players max	11-v-11 play
U12	12 players max	9-v-9 play
U10	10 players max	7-v-7 play

3. The completed Referee Form signed by your Regional Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature).
4. A single Regional 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
	U19, U16 & U14	\$400	\$150	\$550
	U12	\$375	\$150	\$525
	U10	\$350	\$150	\$500

Send your completed application and Regional Check to:

Tournament Registrar
Summer Sizzle Tournament
c/o 13071 Holmwood Ct
Victorville, California, 92392

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 complete 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.ayso665.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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Karen Williams (213) 369-0722
E-mail Tournament@ayso665.org
Web site www.ayso665.org



1st Annual Summer Sizzle Tournament

Team Application Form

Application Date: _____

Section: _____ Area: _____ Region #: _____ Region 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: _____	Emergency Phone Number: _____
AYSO ID#: _____	AYSO ID# _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
Shirt Size: AS AM AL AXL AXXL AXXXL	Shirt Size: AS AM AL AXL AXXL AXXXL

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 Fall regular-season team. _____ Yes _____ No
- 4) My team competitive rating between 1 (low) and 10 (high) is _____
- 5) The average age of our players as of January 1, 2011 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 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 Approval: Yes, the above team has my permission to attend the 1st Annual Summer Sizzle 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 Attention of: _____

Mailing Address: _____

City / State / Zip _____