



The 2nd Annual AYSO Region 85 Lake Forest Cup Team Application Form



Application Instructions

Applications are now being accepted for entrance into the Inaugural AYSO Region 85 Lake Forest Cup Tournament.

The deadline to enter the tournament is **April 28, 2017**. 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:

- Alternatively, AYSO teams may submit an eAYSO Roster form (preferred) and 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.
- Rosters must be comprised solely of players who were registered and played in the just concluded AYSO primary season program.
- Up to three guest players may be added to your roster from a neighboring AYSO region team. In this case, the both the host and the guest player's Regional Commissioners must sign the Guest Player Form.
- Player roster limits are as follows:

U-10	10 players max	7 v 7 play
U-12	12 players max	9 v 9 play
U-14	15 players max	11 v 11 play

3. The completed Referee Form signed by your 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. A single Regional check for the total amount of the Team Entry Fee and the Referee Commitment Deposit.

Team fees are:	<u>Age Division</u>	<u>Team Entry Fee</u>	<u>Referee Deposit</u>	<u>Total Fee</u>
	U10	\$300	\$150	\$450
	U12 & U14	\$350	\$150	\$500

Make the Regional Check payable to: AYSO Region 85 Lake Forest Cup

Send your completed application and Regional Check to:

Lake Forest Cup Tournament Registrar
PO Box 1059
Lake Forest, CA, 92609-1059

If accepted, it will be assumed that you intend for your team to play the entire tournament.

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.

Refunds will be provided to teams that withdraw on or before May 1. Teams withdrawing after May 1 will only receive a refund if a replacement team can be found.

All information about the tournament can be obtained by visiting our website at www.lakeforestcup.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:

Jim Hansen (949) 735-4142
E-mail: td@ayso85.org
Website: www.lakeforestcup.org
Home region website: www.ayso85.org



The Inaugural AYSO Region 85 Lake Forest Cup Team Application Form



Application Date: _____

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

Team Name: _____

Age Division:	U-10	U-12	U-14			Boys	Girls
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Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Cell Phone Number: _____	Cell 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 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 primary program 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, 2016 is _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

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 AYSO Region 85 Lake Forest Cup 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
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 # _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____