



## 20<sup>th</sup> Annual AYSO Cruisin' Classic Tournament

### Team Application Form June 14-16, 2019



#### Application Instructions

Applications are now being accepted for entrance into the AYSO Cruisin Classic Tournament.

The deadline to enter the tournament is **May 15<sup>th</sup>, 2019**. 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:

- A Blue Sombrero Roster Tournament Roster form will **ONLY** be accepted. It must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner with contact cell phone number.
- Roster changes will be allowed up until Team Check-in, with Tournament Registrar pre-approval; 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 AYSO 2018 primary program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner must sign the roster.
- 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

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 region 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	\$575	0	\$575
	U-14	\$450	\$225	\$675
	U-12	\$425	\$225	\$650
	U-10	\$375	\$225	\$600

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Send your completed application and regional check to:

AYSO Region 66  
Cruisin Classic Tournament Registrar  
P.O. Box 1517  
Ontario, California, 91762

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 of your decision.

**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.AYSO66.org](http://www.AYSO66.org) Please

note that e-mail 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:

Frank Barbosa (909) 766-4853

E-mail [cruisinclassictd@gmail.com](mailto:cruisinclassictd@gmail.com)

Web site [www.region66cruisinclassic.org](http://www.region66cruisinclassic.org)



# 20<sup>th</sup> Annual AYSO Cruisin Classic

## 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

### Contact Information

1) We are an Allstar/Select Team, the only one from our Region. Yes No

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
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#: _____
Training Level: _____	Training Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
CDC Concussion Date: _____	CDC Concussion Date: _____
Shirt Size: AS AM AL AXL AXXL	AS AM AL AXL AXXL

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, 2017 is 9 10 11 12 13 14 15 16 17 18+

### 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 3-day tournament and that the medal round games are on the third 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 Cruisin Classic 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: \_\_\_\_\_

**Referee Refund will be mailed to the Regional Treasurer Only.**

**Region # \_\_\_\_\_ Region Host City \_\_\_\_\_**

**Region Mailing Address \_\_\_\_\_**

**Regional Treasurer's Name \_\_\_\_\_ Phone # \_\_\_\_\_**