



Sponsored by AYSO Region 121 Simi Valley, California

# 22<sup>nd</sup> Annual Simi Valley AYSO New Years Tournament Team Application Form

## Application Instructions

Applications are now being accepted for entrance into 22<sup>nd</sup> Annual Simi Valley AYSO New Years Tournament being held on December 28<sup>th</sup> -29<sup>th</sup> 2019 Saturday and Sunday (rain out days January 4<sup>th</sup> and 5<sup>th</sup>)

The deadline to enter the tournament is **November 30<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. We still take applications after the due date until the pools are filled.

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 an eAYSO Roster form will be accepted, 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 AYSO 2019 primary or extra season 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 also sign the roster.
- Player roster limits are as follows:
 

14U	15 players max	11-v-11 play
12U	12 players max	9-v-9 play
10U	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, you must still turn in the form.
4. A single Regional check for the total amount of the Team Entry Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	14U	\$600	\$0	\$600
	12U	\$550	\$0	\$550
	10U	\$500	\$0	\$500

Send your completed application package and Regional Check to:

AYSO Region 121  
 c/o Danyelle Ripling, Tournament Director  
 22<sup>nd</sup> Annual Simi Valley AYSO NYT  
 P.O. Box 940298  
 Simi Valley, California, 93094  
[tourndir121@gmail.com](mailto:tourndir121@gmail.com)  
 805-358-2685

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

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 and check to you.

Refunds: if you withdraw your application 30 or more days prior to 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.aysosimi.org](http://www.aysosimi.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:

Danyelle Ripling 805-358-2685  
 E-mail [tourndir121@gmail.com](mailto:tourndir121@gmail.com) Web site [www.ayso121.org](http://www.ayso121.org)



Sponsored by AYSO Region 121 Simi Valley, California

# 22<sup>nd</sup> Annual Simi Valley AYSO New Years Tournament

## Team Application Form

Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ Boys \_\_\_\_\_ Girls

### Contact Information

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Cell Phone Number: _____	Cell Phone Number: _____
Home Phone Number: _____	Home Phone Number: _____
AYSO ID#: _____	AYSO ID# _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____

### Team Rating Criteria:

- 1) We are an Allstar/Tournament Team, the only one from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) We are an Allstar/Tournament Team, one of \_\_\_\_\_ teams in this age division from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) We are a Fall regular-season team. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4) We are an Extra or Challenge Team \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5) My team's competitive rating between 1 (low) and 5 (high) is \_\_\_\_\_
- 6) The average age of our players as of January 1, 2020 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.

\_\_\_\_\_ Yes, I understand that the rain out days are January 4<sup>th</sup> and 5<sup>th</sup>

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the 22<sup>nd</sup> Annual Simi Valley AYSO New Years 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's 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 will be mailed to your Regional Treasurer. Please provide the correct address:**

AYSO Region # \_\_\_\_\_

Send Check to Attention of: **NOT APPLICABLE**

Mailing Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_