



Sponsored by AYSO Region 83, 5 Cities CA



2020 Central Coast Classic Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO 83 Central Coast Classic Tournament.

The deadline to enter the tournament is **December 14th, 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:

- Only a Blue Sombrero 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 MY2019 core fall season program.
- Up to 2 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:

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. Any team not committing to bringing referees must be approved in advance by the Central Coast Classic Referee Administrator.
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
	14U	\$625	\$300	\$925
	12U	\$625	\$300	\$925
	10U	\$575	\$300	\$875

Send your completed application and regional check to:

**Tournament Director – Laura Nall
Central Coast Classic
PO Box 1166
Arroyo Grande, CA 93421**

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.

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 your team must attend another Area playoff, is hindered from attending due to a local natural disaster, or 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 5citiesayso.com Please note that e-mail and our Regional website 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:

Laura Nall
E-mail 5citiesrc83@gmail.com
Web site 5citiesayso.com



5 Cities Central Coast Classic AYSO Tournament January 11th-12th, 2020 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:					
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:					

Team Rating Criteria:

- | | | |
|--------------------------------------------------------------------------------------------------|-----|----|
| 1) We are an Allstar/Select/Extra Team, the only one from our Region. | Yes | No |
| 2) We are an Allstar/Select/Extra Team, one of _____ teams in this age division from our Region. | Yes | No |
| 3) We are a MY2019 fall core season 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, 2020 is _____ | | |

Team Head Coach Approval:

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

_____ Yes, I understand this is a 2 day tournament. The medal rounds will be on the 2nd day.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the Central Coast Classic. 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 _____ Guest Players for this team (2 max).
of _____

Print Name

Signature (in red or blue ink only, please)

Email: _____

Best Phone: _____

The Referee Refund Check should be mailed to:

TC-125 Rev 1.03

8/27/2019

AYSO Region #

Send Check to Treasurer:

Mailing Address:

City / State / Zip
