



Sponsored by AYSO Region 795 Chatsworth, California

# President's Cup Team Application Form



## Application Instructions

Applications are now being accepted for entrance into the AYSO Region 795 President's Cup.

The deadline to enter the tournament is **February 8, 2020**. 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. An Blue Sombrero Team Roster Form signed by your Regional Commissioner. Only the coach and assistant coach listed on the roster may coach the team.

### Roster Notes:

- 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 program.
- For division 10U 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:

10-U	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
	10-U	\$450	\$200	\$650

Send your completed application and regional check to:

AYSO Region 795  
 c/o President's Cup  
 P.O. Box 3996  
 Chatsworth, California, 91311

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 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. Replacement teams will be assigned within their division based on earliest team to drop. Teams wishing to drop may submit their own replacement team, but that team must meet all tournament requirements and provide all tournament documentation.

All information about the tournament can be obtained by visiting our website at [www.ayso795.org](http://www.ayso795.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 once your application is received. If you have any further questions, you may contact us as follows:

Frank Gallucci  
 E-mail: [795tournaments@gmail.com](mailto:795tournaments@gmail.com)  
 Website: [www.ayso795.org](http://www.ayso795.org)



Sponsored by AYSO Region 795 Chatsworth, California



# President's Cup Team Application Form

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

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

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

Age Division: \_\_\_\_\_ 10-U \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

### 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: _____
Shirt Size: _____ AS AM AL AXL AXXL	Shirt Size: _____ AS AM AL AXL AXXL

### Team Rating Criteria:

- 1) We are an Extra Team, one of \_\_\_\_\_ teams in this age division from our Region.  Yes  No
- 2) We are an All star/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) We are a team composed of children of volunteers from our region.  Yes  No
- 5) My team competitive rating between 1 (low) and 10 (high) is \_\_\_\_\_
- 6) The average age of our players as of July 31, 2019 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 and other additional 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 795 President's Cup. 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 \_\_\_\_\_