



Sponsored by AYSO Region 23 The Heights
AYSO 2019 EAGLE CLASSIC TOURNAMENT
Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 2019 Eagle Classic Tournament.

The deadline to enter the tournament is **March 27, 2019 (U10-U14)**. 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. AYSO Team Tournament Roster Report signed by your Regional Commissioner.

Roster Notes:

- Only the AYSO Team Tournament Roster Report form signed will be accepted, however 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 April 22, 2019 (U10-U14); 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. Eligibility based on age as of January 1, 2018
- 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-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-14	\$500	\$225	\$725
	U-12	\$500	\$225	\$725
	U-10	\$450	\$225	\$675

Send your completed application and regional check to:

Tournament Registrar
 2019 Eagle Classic Tournament
 P.O. Box 5159
 Hacienda Heights, CA 91745
 E-mail: eagleclassic23@gmail.com

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:** A full refund will be issued if tournament is canceled and cannot be rescheduled. If a team withdraws 30 or more days before the tournament, a full refund is given. Within 30 days of the tournament, 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 <https://www.ayso23.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:

Tournament Director
 (909) 979-8500
 E-mail: eagleclassic23@gmail.com
 Web site: <https://www.ayso23.org>



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Application Date: _____

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

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ 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: _____
CDC Training Date _____	CDC Training Date _____
Shirt Size: _____ AS AM AL AXL AXXL	Shirt Size: _____ AS AM AL AXL AXXL

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, 2018 is _____

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 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 Soccer Commissioner Approval: Yes, the above team has my permission to attend the 2019 Eagle 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: _____ Best Phone: _____

The referee refund check will be mailed to the RC or Treasurer:

AYSO Region # _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____