



10th Annual AYSO Cruisin Classic Tournament

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

Coach Name: _____ Asst. Coach Name: _____

Email: _____ Email: _____

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# _____

Certification Level: _____ Certification 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 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 regular-season 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, 2008 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 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 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: _____ Best Phone: _____

The Referee Refund Check should be mailed to:

AYSO Region # _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____