



Sponsored by AYSO Region 112 La Verne, California

21st Annual AYSO Steve Gaylor Memorial Great Western Shootout Tournament

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Steve Gaylor Memorial Great Western Shootout Tournament.

The deadline to enter the tournament is **April 24th, 2011**. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings and / or the need to balance brackets (pools).

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:

- Alternatively, an eAYSO Roster form will be accepted (and is preferred), however it must include the names of the Head Coach and Assistant Coach (maximum two coaches allowed) and be signed by your Regional Commissioner.
- Roster changes must be received prior to the tournament and will not be allowed at Team Check-in; 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 **2010** primary program. Falsifying eligibility of player(s) will result in the team's expulsion from the tournament and all games forfeited. The respective Regional Commissioner(s) will be notified of the infraction.
- 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-19/U-16	18 players max	11-v-11 play
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, check the box on the Referee Form and return it without the RRA signature; however, note that preference will be given to applications that include a qualified 3-person Referee Team capable of officiating games at or above the age level of the team they represent).
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-19/U-16	\$425	\$200	\$625
	U-14	\$425	\$200	\$625
	U-12	\$425	\$200	\$625
	U-10	\$350	\$200	\$550

Send your completed application and regional check to:

AYSO Region 112 Tournament Registration
 Great Western Shootout
 P.O. Box 264
 San Dimas, California 91773

If accepted, it will be assumed that you intend for your team to play the entire tournament. If your application is not accepted or is incomplete, 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.

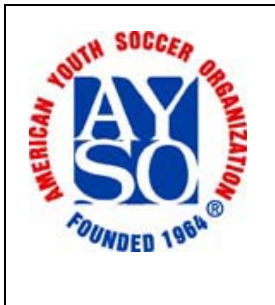
Refund: if you withdraw your application 30 or more days from the start of the tournament, a full refund will be issued. If you withdraw after that time, we will only issue a refund if a replacement team can be found, less any cost to register that replacement team.

All information about the tournament can be obtained by visiting our website at www.ayso112.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:

Mark Coppolo – Tournament Director (909) 596-5722
 E-mail gws112@yahoo.com
 Web site www.ayso112.org



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21st Annual AYSO Steve Gaylor Memorial Great Western Shootout 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 NONE 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 AXXXL Shirt Size: AS AM AL AXL AXXL AXXXL

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, 2011 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 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 Great Western Shootout. 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 (if eligible) will be mailed to the regions mailing address shown below:

AYSO Region # / Name _____

Send Check to Treasurer: _____ (Print Name of Treasurer)

Region Mailing Address: _____