



Sponsored by AYSO Region 1447 Albuquerque, New Mexico

2018 AYSO Fall Blast Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Fall Blast Tournament.

The deadline to enter the tournament is Friday, October 20th, 2018. 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:

- Alternatively, an eAYSO Roster form 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 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 2018/2019 primary program.
- Up to 3 guest players may be added to your roster not to exceed the roster limit. If any of the guest players are from a neighboring region, the guest player's Regional Commissioner must sign the roster also.
- Player roster limits are as follows:

19U	Region Core Roster	11-v-11 play
14U	15 players max	11-v-11 play
12U	12 players max	9-v-9 play
10U	10 players max	7-v-7 play
9U	10 players max	7-v-7 play

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).

3. A single region check or Paypal payment for the total amount of the Team Entry Fee .

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	19U	\$190	0	\$190
	14U	\$190	0	\$190
	12U	\$170	0	\$170
	10U	\$150	0	\$150
	9U	\$150	0	\$150

Send your completed application and regional check to:

Tournament Registrar
AYSO Fall Blast Tournament
3807 Atrisco Dr., NW, Suite B
Albuquerque, NM 87120

Also please scan and send an electronic copy of all paperwork to the tournament director at FallBlastTournamnet@ayso1447.org. This will allow for easier processing of teams.

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 14 or more days prior to the application deadline, 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.aysofallblast.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:

Jeff Bajin 505-363-4579
e-mail: FallBlastTournament@ayso1447.org
website: www.ayso1447.org



2018 AYSO Fall Blast Tournament

Team Application Form



Application Date: _____

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

Team Name: _____

Age Division: _____ 9U _____ 10U _____ 12U _____ 14U _____ 19U _____ 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: _____

Mobile Phone Number: _____ Mobile Phone Number: _____

AYSO ID#: _____ AYSO ID# _____

Training Level : _____ Training Level : _____

Safe Haven Date: _____ Safe Haven Date: _____

Team Rating Criteria:

1) We are a fall primary program team or ACT team. _____ Primary _____ ACT

2) My team competitive rating between 1 (low) and 10 (high) is (Primary Program Teams Only) _____

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 up to two games will be played each day, the 4th game is a playoff game. 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 Eruption 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 Treasurer: _____

Mailing Address: _____

City / State / Zip _____