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| AYSO_traditional | Sponsored by AYSO Region 1447 Albuquerque, New Mexico  **2019 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 Sunday, October 27th**,** 2019. 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, a 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 2019/2020 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 no limit 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).

1. A Venmo payment for the total amount of the Team Entry Fee, Venmo payment information is .

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 C

Albuquerque, NM 87120

***Also please scan and send an electronic copy of all paperwork to the tournament director at*** [***FallBlastTournamnet@ayso1447.org***](mailto: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](http://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](mailto:FallBlastTournament@ayso1447.org)

website: [www.aysofallblast.org](http://www.aysofallblast.org)

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| E-mail AYSO_traditional | | | | | | | | | | **2019 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: | | | | | | | | |  | | | | | | | | | | | |
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**Team Rating Criteria:**

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

**Team Head Coach Approval:**

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|  | 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: | | |  | |