



Hosted by AYSO Region 91, Lancaster, CA

6th Annual American Heroes Cup Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the **AYSO 6th Annual Region 91 American Heroes Cup Tournament**.

The deadline to enter the tournament is **February 21, 2020**. Applications accepted with referee crews 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. Blue Sombrero Team Roster Form signed by your Regional Commissioner

Roster Notes.

- 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 to play in the just concluded AYSO primary season program.
- 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:

19U	18 players max	11-v-11 play
16U	18 players max	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

The completed Referee Form signed by your organizations appropriate Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without signature).

3. A single Regional check for the total amount of the Team Entry Fee and the Referee Commitment Deposit.

Team fees are:	Age Division	Team Entry Fee	Referee Deposit	Total Fee
	19U	\$525	\$200	\$725
	16U	\$525	\$200	\$725
	14U	\$525	\$200	\$725
	12U	\$525	\$200	\$725
	10U	\$525	\$200	\$725
	VIP	\$50	\$0	\$50

Send your completed application and Regional Check to:

Tournament Registrar
AYSO Region 91 American Heroes Cup Tournament
PO Box 6733
Lancaster, CA 93539

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.

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.AYSO91.ORG

Please note that email 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:

Rudy Barrow (661) 418-2344
E-mail: LancasterAYSO@gmail.com
Web site: www.ayso91.org



6th Annual American Heroes Cup Tournament Team Application Form



Application Date: _____

Section: _____ Area: _____ Region Organization _____ Region/Organization Name: _____

Team Name: _____
Age Division (Please circle): 10U 12U 14U 16U 19U VIP Boys Girls Coed

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/Organization ID#: _____	AYSO/Organization 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, 2019 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 Commissioner or Organization President/Registrar Approval: Yes, the above team has my permission to attend the American Heroes Cup 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/Organization President 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 /Organization Treasurer _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____

