



Sponsored by AYSO Region 705 - Marathon

# Conch Cup 2010 AYSO Area J Tournament Team Application Form



## Application Instructions

Applications are now being accepted for entrance into the Conch Cup 2010 AYSO Section 14 Area J Tournament.

The deadline to enter the tournament is **December 4th, 2010**.

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 to play in the AYSO 2010 primary season program.
- Up to 2 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-16/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 or Regional Commissioner (if you're not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature).
4. A check for the total amount of the Team Entry Fee and should be made out to AYSO Region 705.

Team fees are:	Age Division	Team Entry Fee
	U-10, U-12, U-14, U-16	\$50

Send your completed application and Regional Check to:

Tournament Registrar  
 AYSO Conch Cup 2010  
 5409 Overseas Hwy #316  
 Marathon, FL 33050

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 after December 4th, 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.marathonfl.us/conchcup](http://www.marathonfl.us/conchcup).

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:

Chris Bull (305) 731-3082  
 E-mail [conchcup@marathonfl.us](mailto:conchcup@marathonfl.us)  
 Web site [www.marathonfl.us/conchcup](http://www.marathonfl.us/conchcup)



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Application Date: \_\_\_\_\_

Section: 14 Area: J Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ 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 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 August 1, 2010 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 any 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 Conch Cup 2010 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: \_\_\_\_\_