



Sponsored by AYSO Region 9 Thousand Oaks, California

AYSO Pot O'Gold Tournament 2017

Team Application Instructions



Application Instructions

Applications are now being accepted for entrance into the AYSO Pot O' Gold Tournament.

The deadlines to enter the tournament are **February 10th, 2017 Girls U10,U12 & U14, February 17th, 2017 Boys U10, U12 & U14 and February 24th, 2017 Boys & Girls U16 & U19.** 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. An eAYSO Roster form with Head Coach and Assistant Coach and signed by your Regional Commissioner. Proof of coach certification and training will be verified by the Coach and the Assistant Coach attaching their training record from eAYSO to the roster.

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 and played in the AYSO 2016 primary 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:

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 online [Team Referee Applications](#) 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).
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	\$500	\$ 0	\$500
	U-14	\$500	\$150	\$650
	U-12	\$450	\$150	\$600
	U-10	\$450	\$150	\$600

Send your completed application and regional check to:

Tournament Director
 AYSO Pot O'Gold Tournament
 41 Canfield Ct
 Thousand Oaks, California, 91360

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 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.AYSO9.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:

Dave Hobert 805-807-4327
 E-mail Tournaments@ayso9.org

Web site www.AYSO9.org

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 Approval: Yes, the above team has my permission to attend the Pot O'Gold 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 _____