



Sponsored by AYSO Region 9 Thousand Oaks, California

# AYSO Pot O'Gold Tournament 2019

## Team Application Instructions



Online applications are now being accepted for entrance into the AYSO Pot O'Gold Tournament 2019.

The deadlines to enter the tournament are **February 8<sup>th</sup>, 2019 Boys 10U,12U & 14U, February 15<sup>th</sup>, 2019 Girls 10U, 12U & 14U and February 22<sup>nd</sup>, 2019 Boys & Girls 16U & 19U**. 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. Printed Team Application Form, signed by the Head Coach and the Regional Commissioner.
2. A Tournament Roster form with Head Coach and Assistant Coach and 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 and played in the AYSO 2018 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:

16U/19U	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

3. The printed online Referee Form(s) signed by your Regional Referee Administrator.
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
	16U/19U	\$500	\$ 0	\$500
	14U	\$500	\$150	\$650
	12U	\$450	\$150	\$600
	10U	\$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](http://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](mailto:Tournaments@ayso9.org)  
Web site [www.AYSO9.org](http://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 \_\_\_\_\_