

Sponsored by AYSO Region 9 Thousand Oaks, California

## AYSO Pot O'Gold Tournament 2025 Team Application Instructions



Online applications are now being accepted for entrance into the AYSO Pot O'Gold Tournament 2025.

The deadlines to enter the tournament are **February 9<sup>th</sup>**, **2025 Boys 10U,12U & 14U and February 16th**, **2025 Girls 10U**, **12U & 14U**. 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 <u>all</u> 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 2024 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:

| 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 |
|----------------|--------------|----------------|-------------|-----------|
|                | 14U          | \$600          | \$250       | \$850     |
|                | 12U          | \$500          | \$250       | \$750     |
|                | 10U          | \$500          | \$250       | \$750     |

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

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| Team Head Coach Approval:  |  |
|--|--|
|  | nd I promise to abide by them. I also am committed to returning on the alternative   |
| dates should the tournament be resched   | uled due to inclement weather, etc.  |
| Yes, I understand that this is a 2-day tou round games are on the second day. I he NOT be able to complete the tournamen | ereby notify you that I will   |
| Coach Signature  |  |
| -  | ve team has my permission to attend the Pot O'Gold Tournament. Please report any   |
| behavior problems to me immediately. I understand from the Guest Player Regional Commissioner. I he Print Name           | d that players from outside my Region (Guest Players) will need approval as well ereby approve the addition of Guest Players for this team.  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   |  |

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