



Sponsored by AYSO Region 21 Hawthorne, California

2018 Holiday Smash Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 2018 Holiday Smash Tournament.

The deadline to enter the tournament is **December 7th, 2018**. 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. Team Roster Form signed by your Regional Commissioner.

Roster Notes:

- AYSO Blue Sombrero 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 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:

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
U-8	9 players max	6-v-6 play

3. The completed Referee Form 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 Deposit Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U-14	\$475	\$200	\$675
	U-12	\$450	\$200	\$650
	U-10	\$425	\$200	\$625
	U-8	\$375	\$0	\$375

Send your completed application and regional check to:

Tournament Registrar
2018 Holiday Smash Tournament
3818 W. 106 St.
Inglewood, California, 90303

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.aysoregion21.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:

Susie Hernandez (424) 220-0286 (Text)
E-mail: R21tournaments@gmail.com
Web site www.aysoregion21.org



2018 Holiday Smash Tournament Team Application Form



Section:		Area:		Region #:		Region Name:	
Team Name:							
Age Division:	U-8	U-10	U-12	U-14	Boys	Girls	
Contact Information							
Coach Name:				Asst. Coach Name:			
E-mail:				E-mail:			
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#			
Training Level :				Training Level :			
Safe Haven Date:				Safe Haven Date:			
CDC Concussion Date:				CDC Concussion Date:			

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 primary program 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, 2018 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 3-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 Holiday Smash 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 (Red/Blue Ink Only): _____

Email: _____ Best Phone: _____

The Referee Refund Check should be mailed to: AYSO Region #: _____

Send Check to Treasurer: _____

Mailing Address: _____