



The 28th Mission Viejo Classic AYSO Invitational - 2018 Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Mission Viejo Classic Invitational Tournament.

The deadline to enter the tournament is **May 4, 2017**. 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 (includes a complete referee team form)

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
3. Referee form signed by your RRA or ARA

Roster Notes:

- Alternatively, AYSO teams may submit an eAYSO Roster form, 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 just concluded AYSO primary season program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO region team. In this case, the guest player's Regional Commissioner must sign the roster.
- Player roster limits are as follows:

U14-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

4. The completed Referee Form signed by your appropriate Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without signature).
5. A single Regional check for the total amount of the Team Entry Fee and the Referee Commitment Deposit.

Team fees are:	Age Division	Team Entry Fee	Referee Deposit	Total Fee
	U16/U19	\$550	\$250	\$800
	U14	\$550	\$250	\$800
	U10/U12	\$500	\$250	\$750

Send your completed application and Regional Check to:

Mission Viejo Classic Tournament Registrar
26072 Merit Circle #113 Laguna Hills, CA 92653

If accepted, it will be assumed that you intend for your team to play the entire tournament.

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 27 or more days from the start of the tournament, or on May7 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.missionviejoclassic.com

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:

Effie Azran (949) 678-5464
E-mail Effieazran@aol.com
Web site: www.missionviejoclassic.com
Home region website: www.ayso84.org



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Application Date: _____

Section: _____ Area: _____ Region #: _____ Region Name: _____

Team Name: _____

Age Division:

U-10	U-12	U-14	U-16	U-19	Boys	Girls
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Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Cell Phone Number: _____	Cell Phone Number: _____
Emergency Phone Number: _____	Emergency Phone Number: _____
AYSO ID#: _____	AYSO ID#: _____
Training Level: _____	Training Level: _____
Safe Haven Date: _____	Safe Haven 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, 2017 is _____

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

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 Mission Viejo Classic AYSO Invitational 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 _____