



# AYSO SUMMER BLAST-OFF TOURNAMENT TEAM APPLICATION



HOSTED BY REGION 583 • SOUTH ONTARIO

## APPLICATION INSTRUCTIONS

Applications are now accepted for entrance into the 2024 Summer Blast-Off Tournament. The deadline to enter the tournament is April 5th, 2024. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings.

To be considered complete, your application must include all the following:

1. Complete Application Form. In order to be considered, the following items must be included in the same envelope (Please do not mail separately)

2. Mail the following:

**a) Complete and signed application.**

**b) Signed Official Roster**

Roster Notes:

- Only an Official Team Roster with Jersey numbers will be accepted. Handwritten Rosters will not be accepted.
- Roster changes will be allowed up to Apr 26th at 10pm; after that, no roster changes will be accepted. 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 2023 primary program.
- Up to 3 guest players may be added from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner and your Regional Commissioner must sign the guest player form.
- 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

**c) Signed Referee Form**

- Referee Note: 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 include it with the application)

**d) T-Shirt order form**

**e) Guest player form, if application**

**f) Team Fees (1 check that includes the tournament fees & referee deposit)**

- Team Entry Fee and the Referee Commitment Fee.

Age Division	Team Entry Fee	Referee Fee	Total Fee
U-19/U-16	\$525	\$450	\$975
U-14	\$525	\$450	\$975
U-12	\$500	\$450	\$950
U-10	\$475	\$450	\$925

Send your signed tournament roster, referee form and regional check to:

Tournament Registrar  
 AYSO 583  
 3045 S Archibald Ave, Ste H180  
 Ontario, CA, 91761

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 void your application and check within 5 business days.

**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.583ayso.org](http://www.583ayso.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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Christopher Hisel, Tournament Director (909) 215-3753  
 eMail: 583tournamentregistrar@gmail.com  
 Web site [www.583ayso.org](http://www.583ayso.org)



# AYSO SUMMER BLAST-OFF TOURNAMENT TEAM APPLICATION



HOSTED BY REGION 583 • SOUTH ONTARIO

APPLICATION DATE: \_\_\_\_\_

SECTION: \_\_\_\_\_ AREA: \_\_\_\_\_ REGION #: \_\_\_\_\_ REGION NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

AGE DIVISION  10U  12U  14U  16U  19U  BOYS  GIRLS  COED

### CONTACT INFORMATION

COACH NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

TRAINING LEVEL \_\_\_\_\_

SHIRT SIZE:  AS  AM  AL  AXL  AXXL

ASST COACH NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

TRAINING LEVEL \_\_\_\_\_

SHIRT SIZE  AS  AM  AL  AXL  AXXL

TEAM MANAGER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TEAM RATING CRITERIA

- YES  NO 1. We are an Allstar/Select/Extra team
- YES  NO 2. We are the only team in this division from our region
- \_\_\_\_\_ 3. My team competitive rating between 1 (low) and 10 (high)

### TEAM HEAD COACH APPROVAL

- YES  NO 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  NO Yes, I understand that this is a 3-day tournament and that the medal round games are on Sunday.

\_\_\_\_\_ (must have a wet signature)

*Coach signature*

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the All-American 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 approved the addition \_\_\_\_\_ guest players for this team.

\_\_\_\_\_ PRINT NAME

\_\_\_\_\_ SIGNATURE (BLUE OR RED INK)

\_\_\_\_\_ EMAIL

\_\_\_\_\_ BEST PHONE

THE REFEREE REFUND CHECK SHOULD BE

MAILED TO: AYSO REGION # \_\_\_\_\_

SEND CHECK TO TREASURER AT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

**\*THE APPLICATION PACKET MUST BE MAILED WITH ALL THE FORMS TO BE CONSIDERED COMPLETE. APPLICATION WITH MISSING FORMS WILL NOT BE ACCEPTED.**