

## Apricot Jam – Tournament Application Girls- March 29 & 30, 2014 and Boys- April 5 & 6, 2014

AYSO Region #: Regio	on Name:							
Age Division: U10 U12 U14 Boys	Girls							
Uniform ColorCOACH LAST NAME								
Coaches Information-type or print	Asst. Coaches Information-type or print							
Last Name:	Last Name							
First Name:	First Name							
AYSO ID#	AYSO ID#							
Certification Level	Certification Level							
Safe Haven Date	Safe Haven Date							
Concussion Awareness Date	Concussion Awareness Date							
Coach E-mail	Best team contact E-mail							
Best Coach contact phone # (	Best team contact phone # ()							
Team Rating Criteria: Please answer ALL Questions 1 thru 7  1.) Check one. Our Tournament Team is comprised mostly of: Primary All-Star EXTRA players.  2.) If your region has more than one team in your division, where does your team rank? of teams.  3.) How many players do you have of each?  a. Number of players who played on a Primary League team ONLY(not on an All-star/EXTRA team) b. Number of players who played on an All-star team (Primary League AND on an All-star team) c. Number of players who played on an EXTRA League team d. a.+b.+c.= Total number of players 4.) Does your Region have an All-Star Program team in your division. Yes No  5.) Does your Region have an EXTRA Program team in your division. Yes No 6.) Looking at our eAYSO jersey order roster we have (write the number of) Younger and Older players.  7.) How would you rate your teams level of play on a scale of 1 – 10, (1 being low and 10 being high)?								
Coaches T-Shirt Order: Please Select two shirts per team.  One T-Shirt for the Head Coach and one T-shirt for the Asst. Coach is included in the application fee.  How Many Shirts of each size do you need? AXXLAXLAKAS								
Roster must be an eAYSO generated roster in Jersey Order ONLY  An eAYSO Team Tournament Roster sorted by Jersey number order and signed by the team's Regional Commissioner is the only acceptable roster for the 2014 Apricot Jam. Rosters must show the Coach and Asst.Coach certified at the required level of age-appropriate training or higher, the CURRENT Safe Haven and Concussion Awareness dates. If you bring Guest Players, please attach the Guest Player form to the EAYSO Jersey Order Roster. Max Number of players: U10-10 players, U12-12 players, U14-15 players								
Regional Commissioner Approval: Yes, the above team has my permission to attend the Apricot Jam Tournament.								
Print Name  RC Email:	RC Signature (in red or blue ink only, please) RC Best Phone:							
Print Clearly								

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

Head Coach Signature





Borrowing ream information:					Roster Date:					
Regio	n:	Reg	ion Name:							
C	oach Name	e:								
Age Division: U-10			U-12	U-14	Boys	Gir	ls			
Apricot Jam rules allow teams to bring up to 3 "Guest Players" when they are unable to recruit sufficient players from their own region. These Guest Players must be properly registered AYSO players who were registered to play in their home region for the 2013-14 primary season and have played in at least 50% of their League games.  (List In Order By Uniform Shirt No.)										
Shirt #	Region #	Player ID #	_	Player's Name Last, First (please print)		<u>Age</u>	Date of Birth	Telephone Including Area Code		
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By my signature below, I certify that all players on this roster are valid registered players in my region and are approved to join the above team and participate in this tournament:										
Guest Player(s) Regional Commissioner:										
Email:			Pr	int Name	Best Phone:		Signature	(Red or Blue Ink)		
By my signature below, I approve that these (number of players) guest players are approved to join the above team and participate in this tournament:										
Host Team Regional Commissioner:										

Print Name

Signature (Red or Blue Ink)