



Sponsored by AYSO Region 180 Santa Ynez, California

# Santa Ynez A.Y.S.O. Region 180's 2022 Winter Classic



## Team Application Form

### Application Instructions

Applications are now being accepted for entrance into the Santa Ynez A.Y.S.O. Winter Classic on January 22<sup>nd</sup> – 23<sup>rd</sup>, 2022.

The deadline to enter the tournament January 1, 2022. Applications will be accepted prior to that date and will be accepted based on the date the **completed application** is received.

**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:

- The Affinity Roster form will be the only roster accepted. 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 to play in the AYSO 2021 Fall Season Program.
- 2 guest players may be added to your roster from a neighboring AYSO region. In this case, the guest player Regional Commissioner must sign the roster as well.
- Player roster limits are as follows

14-U	15 players max	11-v-11 play
12-U	12 players max	9-v-9 play
10-U	10 players max	7-v-7 play

3. The completed Referee Form signed by your Regional Referee Administrator.
4. Teams with full referee teams will be given priority over those that do not.
5. If your referee team is removed from the field for not being qualified or properly/professionally dressed your team's referee deposit will not be refunded.
6. A single Regional 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
	14-U	\$600	\$250	\$850
	12-U	\$600	\$250	\$850
	10-U	\$550	\$250	\$800

Send your completed application and Regional Check to:

Tournament Director  
Santa Ynez Winter Classic  
1486 Atlantic City Unit B  
Grover Beach, CA 93433

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 scan a copy of your voided check to you and shred it.

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.aysosyv.org](http://www.aysosyv.org)

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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Tournament Director: Tammy Slocum  
 E-mail: [areaqad@gmail.com](mailto:areaqad@gmail.com)  
 Web site: [www.aysosyv.org](http://www.aysosyv.org)



# Santa Ynez A.Y.S.O. Region 180's 2022 Winter Classic



## Team Application Form

Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division:    Boys            Boys            Boys            Girls            Girls            Girls  
                          10-U            12-U            14-U            10-U            12-U            14-U

Please Circle

### Contact Information

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Evening Phone Number: _____	Evening Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
AYSO ID#: _____	AYSO ID#: _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____

### Team Rating Criteria: For Pool Placement if Applicable.

- 1) We are an All-Star / Select / Extra Team, the only one from our region.            Yes            No
- 2) We are an A B C Team, one of \_\_\_\_\_ Teams in this age division from our region.            Yes            No
- 3) We are a developmental 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<sup>st</sup> 2019 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 3 quarter rule 2-day tournament.

\_\_\_\_\_

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the Santa Ynez 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 Legibly

\_\_\_\_\_  
Signature (in red or blue ink only, please)

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### The Referee Refund Check should be mailed to:

AYSO Region # \_\_\_\_\_

Send Check to Attention of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_