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|  | ***Sponsored by AYSO Region 180 Santa Ynez, California***  ***Santa Ynez A.Y.S.O. Region 180’s***  ***2024 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 20th – 21st, 2024.

The deadline to enter the tournament January 1, 2024. 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 2023 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

1. The completed Referee Form signed by your Regional Referee Administrator.
2. Teams with full referee teams will be given priority over those that do not.
3. 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.
4. 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 $650 $250 $900

12-U $650 $250 $900

10-U $550 $250 $800

Send your completed application and Regional Check to: Tournament Director

Santa Ynez Winter Classic

PO Box 544  
Buellton, CA 93427

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 within 48 hours of our 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.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: Michelle Murcia

E-mail: [aysoregion180mom@gmail.com](mailto:aysoregion180mom@gmail.com)

Web site: [www.aysosyv.org](http://www.aysosyv.org)

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|  | | | | | | | | | ***Santa Ynez A.Y.S.O. Region 180’s***  ***2024 Winter Classic***  ***Team Application Form*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Application Date: | | | | | | |  |
| Section: | |  | | | | | | | | Area: | | | |  | | | Region #: | | |  | | | | Region Name: | | | | | | | | |  | | | | | |
| Team Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age Division: | | | | Boys 10-U | | | |  | | | | Boys 12-U | | |  | Boys 14-U | |  | Girls 10-U | |  | | Girls 12-U | | |  | | | Girls 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 Sport Date: | | | | | | |  | | | | | | | | | | | | | | | Safe Sport Date: | | | | | | | |  | | | | | | | | |

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

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| 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 1st 2023 is | | |  | | |  | | |

**Team Head Coach Approval:**

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|  | 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. | | | | |  | | |
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| 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:**

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| AYSO Region # |  |
| Send Check to Attention of: |  |
| Mailing Address: |  |
| City / State / Zip |  |