



Sponsored by AYSO AREA 1F
AYSO Area 1F Founders Cup
April 20– 21, 2024
Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Area 1F Founders Cup.

The deadline to enter the tournament is **March 23, 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.

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:

- Alternatively, an AYSO registration system roster form will be accepted, 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 AYSO 2023 primary fall program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner must sign the roster.
- Player roster limits are as follows:

19U/16U	18 players max	11-v-11 play
14U	15 players max	11-v-11 play
12U	12 players max	9-v-9 play
10U/8U	10 players max	7-v-7 play

3. 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 return it without the RRA signature).
4. A single region 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	
	19U/16U	\$725	\$375	\$1,100	
	14U	\$625	\$375	\$1,000	
	12U	\$600	\$375	\$975	
	10U	\$550	\$375	\$925	
	8U	\$450	\$250	\$700	NON-COMPETITIVE

Send your completed application and regional check to: Attn: Tournament Director
 Area 1F Founders Cup
 1622 Amelia Ave.,
 San Pedro, CA 90731

If accepted, it will be assumed that you intend for your team to play the entire tournament, and to return if necessary, on the rainout alternative dates (in the event that becomes necessary). 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 your decision.

Refund: if you withdraw before **March 24, 2024** 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.ayso1f.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 newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows: Robert Jensen

E-mail: robt.jensen@att.net
 Web site www.ayso1f.org



AYSO Area 1F Founders Cup Team Application Form



Application Date: _____

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

Team Name: _____

Age Division: **U8** **U10** **U12** **U14** **U16** **U19** **BOYS** **GIRLS** **COED**

Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Evening Phone Number: _____	Evening Phone Number: _____
Emergency Phone Number: _____	Emergency Phone Number: _____
AYSO ID#: _____	AYSO ID# _____
Training Level: _____	Training Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
Shirt Size: _____ (circle one) AS AM AL AXL AXXL AXXXL	Shirt Size: _____ (circle one) AS AM AL AXL AXXL AXXXL

Team Rating Criteria:

- 1) We are an All Star/Select Team EXTRA Team Recreational Team
- 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, 2024, is _____

Team Head Coach Approval:

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, 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 25th Annual Kickoff Classic. 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 # and City Name _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____