



## 23rd Annual Armed Forces Invitational Tournament Central Torrance Region 15 2020 Team Application Form



Applications are now being accepted for entrance into the AYSO Armed Forces Day Invitational Tournament.

The deadline to enter the tournament is **April 17th, 2020**. 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. **Tournament** Team Roster Form that must include the names of the Head Coach and Assistant Coach signed by your Regional Commissioner.

**Roster Notes:**

- Roster changes will be allowed until **May 12th, 2020**; 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 have played in the **AYSO 2019** primary season program.
- Player roster limits are as follows:
 

16U & 19U	18 players max	11 v 11 play
14U	15 players max	11 v 11 play
12U	12 players max	9 v 9 play
10U	10 players max	7 v 7 play

The completed Referee Form signed by your Regional Referee Administrator and Area Referee Administrator if submitting 16U/19U referees. If you're not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature. (Those teams with referees will be selected prior to those without.)

3. 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
16U & 19U	\$525	\$275	\$800	
14U	\$475	\$275	\$750	
12U	\$450	\$275	\$725	
10U	\$425	\$275	\$700	

Send your completed application and Regional Check to:

Armed Forces Day Invitational Tournament  
2872 W 230th Street  
Torrance, CA 90505  
[R15AFD@yahoo.com](mailto:R15AFD@yahoo.com)

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 request.

Refund: if you withdraw your application 30 or more days from the start of the tournament, a full refund will be issued within 48 hours of request. 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.ayso15AFD.org](http://www.ayso15AFD.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 newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

**Tournament Director**  
Oscar Martinez  
**(310) 989-8074**  
E-mail: [R15AFD@yahoo.com](mailto:R15AFD@yahoo.com)  
Web site: [www.ayso15AFD.org](http://www.ayso15AFD.org)



## 23rd Annual Armed Forces Invitational Tournament Central Torrance Region 15 2020 Team Application Form



Section:		Area:		Region #:		Application Date	
Team Name:							
Age Division:	10U	12U	14U	16U	19U	Boys	Girls

### 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:
Emergency Phone Number:	Emergency Phone Number:
AYSO ID#:	AYSO ID#:
Certification Level:	Certification Level:
Safe Haven / CDC Date:	Safe Haven / CDC Date:

#### Team Rating Criteria:

- 1) We are an Allstar/Select Team, the only one from our region. Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) We are an Allstar/Select Team, one of \_\_\_\_\_ teams in this age division from our region. Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) We are an "Extra" 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, 2019** 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 Armed Forces Day 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	Signature (in red or blue ink only, please)
Email: _____	Best Phone: _____

**The Referee Refund Check will be mailed to address below. If you want your refund check in a timely manner, make sure there is an address below:**

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

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

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



**23rd Annual  
Armed Forces Invitational Tournament  
Central Torrance Region 15  
2020 Team Roster**



Region:	Team Name:	Roster Date:
Coach Name:	Safe Haven/CDC Date	Training Level
Asst. Coach Name:	Safe Haven/CDC Date	Training Level
Uniform Colors: Shirt:	Shorts:	Socks:
Age Division:	10U      12U      14U      16U      19U	Boys      Girls

<u>Maximum # of Players:</u>				
10U	12U	14U	16U	19U
10	12	15	18	18

**Note: You are encouraged to submit a Tournament roster in lieu of this roster form. If you do, make sure the Regional Commissioner signs that form. If you will also be bringing Guest Players, you will need to use the separate Guest Player Form.**

*(List In Order By Uniform Shirt No.)*

Shirt #	Region #	Player ID # <small>National AYSO Reg #</small>	Player's Name <small>Last, First (please print)</small>	Age	Date of Birth	Telephone <small>Including Area Code</small>

*By my signature below, I certify that all players on this roster are valid registered players in my region and are approved to participate in this tournament:*

Regional Commissioner: \_\_\_\_\_

*Print Name* *Signature (Blue or Red Ink)*

Guest Player(s) Regional Commissioner: \_\_\_\_\_

*Print Name* *Signature (Blue or Red Ink)*