

Sponsored by AYSO Region 624 Walnut, California

#### WALNUT SPRING FLING 2023

## **Team Application Form**



### **Application Instructions**

Applications are now being accepted for entrance into the AYSO Spring Fling Tournament.

The deadline to enter the tournament is **April 8**, **2023**. 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 based on a completed application and referee crews. To be considered complete, your application must include all 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**

- Only an Official Team Roster with Jersey numbers will be accepted. Hand written Rosters will not be accepted.
- Roster changes will be allowed up until Team Check-in; after that, no roster changes. Your Regional Commissioner must approve all roster changes.
- Rosters must be comprised solely of players who were registered and played in the AYSO 2022 primary program.
- Up to 3 guest players may be added from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner and your Regional Commissioner must sign the guest player form.
- Player roster limits are as follows:

U-14	15 players max	11-v-11 play
U-12	12 players max	9-v-9 play
U-10	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
	U-14	\$650	\$200	\$850
	U-12	\$600	\$200	\$800
	U-10	\$575	\$200	\$775

Send your completed application and regional check to: WALNUT REGION 624

Tournament Director 20287-2 AMAR ROAD Walnut, CA 91789

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 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.AYSO624.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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Trish Ramos (909) 551-1258

E-mail walnut624springfling.com Web site www.AYSO624.org

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# **WALNUT SPRING FLING 2023**





			Application Date:			
Section:	Area:	Region #:	R	egion Name:		
Team Name:						
Age Division:	U-10 l	J-12 U-14	Boys	_ Girls		
	_	Contact	Information			
Coach Name:			Asst. Coach	Name:		
E-mail:			E-mail:			
Mailing Address:			Mailing Addr	ess:		
City/State/Zip:			City/State/Zi	p:		
Best Phone Number	ər:		Best Phone	Number:		
Training Level:			Training Lev	el:		
Shirt Size:	AS AM AL AXL AXXL		Shirt Size:	AS AM AL AXL AXX	L	
Team Manager: Cell Phone:			Team Mana Email:	ger 		
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Team Rating Criter  1) We are an Allsta		the only one from our Reg	nion		Vas	NI-
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, .	e of our players as of	. ,		_	<del></del>	
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n	Coach Signatur				<b>.</b>	
any behavior proble	ems to me immediate	s, the above team has my ly. I understand that playe sioner. I hereby approve t	ers from outside	my Region (Guest Playe	ers) will need app	
	Print Name			Signature (in red or blue	e ink only, please	:)
Email:			Best Phon	e:		
The Referee Refund	d Check should be n	nailed to:				
AYSO Region #						
Send Check to Tre	asurer:					
Mailing Address:						

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