



**AYSO Section Eight Tournament
Team Application Form
June 19-21, 2009**

TEAM NAME: _____

REGION#: _____ **REGION NAME:** _____ **AREA:** _____

AGE DIVISION: **Please Circle One**

Boys: **U10** (9v9) **U12** (9v9) **U14** (11v11) **U16** (11v11) **U19** (11v11)

Girls: **U10** (9v9) **U12** (9v9) **U14** (11v11) **U16** (11v11) **U19** (11v11)

Coed: ALL Coed teams will play in the Boys' Division.

Note: A minimum of four (4) teams need to register in order for a flight/division to exist. Teams will be allowed to play "up" if there are not enough teams in their division.

TEAM INFORMATION (please print):

COACH: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____ Cellular Phone: _____

Email: _____ Fax: _____

COACH TRAINING...please CIRCLE all that apply:

Safe Haven U6 U8 U10 U12 Intermediate Advanced National

ASST. COACH or other contact person: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____ Cellular Phone: _____

Email: _____ Fax: _____

COACH TRAINING...please CIRCLE all that apply:

Safe Haven U6 U8 U10 U12 Intermediate Advanced National

REGIONAL COMMISSIONER: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____ Cellular Phone: _____

Email: _____ Fax: _____

All Tournament Rules have been read and will be followed. (Signature of BOTH coaches required.)

Coach Signature

Asst. Coach Signature

Please send completed TEAM APPLICATION and TEAM ROSTER with Regional Commissioner's signature in **RED ink, and the TOURNAMENT ENTRY FEE, payable to AYSO Section Eight Tournament (*Region Check Only*) to:**

**AYSO SECTION EIGHT TOURNAMENT
Creal Soccer Complex
511 North Marshall Road
Coldwater, MI 49036**

Application must be postmarked by May 20, 2009.

Tournament Staff Use:

Date Received _____ Check # _____ Amount _____ Div. U- _____ B G Team Code _____