Sponsored by AYSO Region 393 Palmdale, California

3rd Annual Shamrock Showdown Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO Shamrock Showdown Tournament.

The deadline to enter the tournament is **February 17, 2012**. 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:

   - An eAYSO Roster form is required, and 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 2011 primary 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:

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	$500	$200	$700
U-12	$450	$200	$650
U-10	$400	$200	$600

Send your completed application and regional check to:

David Tapia
AYSO Shamrock Showdown
P.O Box 903224
Palmdale, California, 93550

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.aysopalmdale.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:

David Tapia (323) 828-9295 or (661) 466-6996
E-mail dtapia@point360.com
Web site www.aysopalmdale.org

3rd Annual Shamrock Showdown Tournament

Team Application Form

Application Date: _____

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

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ _____ _____ 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: _____

Team Rating Criteria:

1) We are an Extra/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 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, 2011 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 **Shamrock Showdown**. 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 # _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____

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3rd Annual Shamrock Showdown Tournament
Guest Player Form – AYSO players only

Borrowing Team Information: **Roster Date:**

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: **U-10** **U-12** **U-14** **Boys** **Girls** **Coed**

Shamrock Showdown Tournament rules allow teams to bring up to 3 "Guest Players" when they are unable to recruit sufficient players from their own Region. These Guest Players must be properly registered AYSO players who were registered and played in their home Region in the 2011 primary program.

(List In Order By Uniform Shirt No.)

Shirt #	Region #	Player ID #	Player's Name Last, First (please print)	Age	Date of Birth	Telephone Including Area Code

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

Guest Player(s) Regional Commissioner: _____

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

E-mail: _____ **Best Phone:** _____

By my signature below, I approve that these _____ (number of players) guest players are approved to join the above team and participate in this tournament:

Host Team Regional Commissioner: _____

3rd Annual Shamrock Showdown Tournament
Referee Form

I plan to bring a referee team to the tournament Y/N:		**Referee Information Form Date:**	

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: **U-10** **U-12** **U-14** **Boys** **Girls** **Coed**

Referee Team Contact Person

Name: _____ **Email Address:** _____

Day Phone: **Evening Phone:**

Provide the following information for each referee.

- For "Badge Level", insert R = Regional, I = Intermediate, A = Advanced, N = National. Also the date they were certified at that level.
- In each box under "Center/Assistant/Boys/Girls", provide the highest level they are competent to referee (e.g. BU-10, GU-12, etc.)
- In "Player on Team", indicate if the referee has a child who is playing in the tournament on this team.

	Referee Name	Badge Level	Certification Date	Center		Assistant		Player on Team (Y/N)	Home Phone/ Email
				Boys	Girls	Boys	Girls		
1									
2									
3									
4									

Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

	XXL	XL	L	M	S
Number of Shirts Needed					

Regional Referee Administrator's Name _____ Phone Number _____ Email _____

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above.

_____

RRA Signature and date (Blue ink please)

3rd Annual Shamrock Showdown Tournament
Youth Referee Letter

Youth Referee Name: _____

Current Age _____ **Date of Birth:** _____

AYSO Badge Level: _____ **Certification Date:** _____

Representing Tournament Team: _____

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: **U-10** **U-12** **U-14** **Boys** **Girls** **Coed**

Youth referees must carry a copy of this letter with them at all times and present it to any Tournament Officials upon request. Youth referees also must either have a parent/guardian present at all times, or must have a copy of their Youth Volunteer Registration Form attached to this Letter.

- The Shamrock Showdown Tournament requires that Youth Referees have this letter of authorization from their respective Regional Referee Administrator, certifying that they are skilled and experienced to handle the rigors of a competitive tournament game.
- The Shamrock Showdown Tournament further requires that the Youth Referee be at least 2 years older than the age group for which they are officiating and further that they are not a player on a team that is currently entered in the Shamrock Showdown Tournament.

Regional Referee Administrator Information:

Regional Referee Administrator's Name	Phone Number	Email

I understand that a highly competitive tournament like the Shamrock Showdown generates a great deal of excitement and rigorous play that present a unique challenge to any referee. As a youth referee, there is an increased level of challenge due to the scrutiny that a youth referee is subjected to.
Nevertheless, I certify that this Youth Referee is a member in good standing from my Region, that s/he is skilled and experienced to referee games up to the level indicated below, and that s/he is at least 2 years older than the age group indicated:

	GU-10	BU-10	GU-12	BU-12	GU-14	BU-14		
Skill level as a Center Referee (check all that apply)								
Skill level as an Assistant Referee (check all that apply)								

_____

RRA Signature and date (Blue ink please)

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3rd Annual Shamrock Showdown Tournament

T-SHIRT ORDER FORM

As a part of your registration fee, T-shirts will be provided for all players on your official team roster, the head coach and assistant coach. Additional T-shirts (for parents, friends, and siblings) may be ordered in advance for a price reduced from those on sale at the tournament. On the form below, please enter the number and sizes of team T-shirts that you need (equal to the number of players on your roster) as well as the number of additional T-shirts you want to pre-order. A check for the amount of the pre-order T-shirts must be included with your order. Please make out the check to: "AYSO Region 393". Deadline for T-shirt orders is Tuesday, February 17, 2012.

Team Information:

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: **U-10** **U-12** **U-14** **Boys** **Girls** **Coed**

Players:
How many of each size do you need (total should equal the number of players plus coaches on your roster)

Player Size	Quantity	Coach Size	Quantity
Youth Medium		Adult Small	
Youth Large		Adult Medium	
Adult Small		Adult Large	
Adult Medium		Adult X-Large	
Adult Large		Adult XX-Large	
Adult X-Large		Adult XXX-Large	
Adult XX-Large			
Total:		Total:	

Additional Pre-Orders:
Do you want to order any additional tournament T-shirts? If so, please indicate the number and sizes below:

Size	Quantity	*$ per T-Shirt	Total Cost	
Youth Medium		$10	$	
Youth Large		$10	$	
Adult Small		$10	$	
Adult Medium		$10	$	
Adult Large		$10	$	
Adult X-Large		$12	$	
Adult XX-Large		$12	$	
		Total:	$	←Please include a check for this amount.

*This is an advance order price only! Additional T-shirts will be available for sale at the tournament, but for a higher price.

Please note that if the tournament is cancelled due to inclement weather or similar reasons, no refunds will be given for T-shirts purchased in advance. All T-shirts ordered in advance will be delivered.