

Sponsored by AYSO Region 638, Quartz Hill, California

2024

AYSO Quartz Hill Shootout

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Quartz Hill Shootout.

The deadline to enter the tournament is thirty days prior to the tournament. Applications received by **April 12th, 2024**, 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 <u>all</u> the following:

- 1. Team Application Form, signed by the Head Coach and the Regional Commissioner.
- 2. Team Roster (Sports Connect roster) signed by your Regional Commissioner.

Roster Notes:

- A sports Connect Roster 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 2023 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:

14-U	15 players max	11-v-11 play
12-U	12 players max	9-v-9 play
10-U	10 players max	7-v-7 play

- 3. The completed Referee Form signed by your Regional Referee Administrator.
- 4. A single region check for the total amount of the Team Entry Fee and the Referee Commitment Fee.
- 5. Checks to be made out AYSO Region 638

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	14-U	\$650	\$250	\$900
	12-U	\$600	\$250	\$850
	10-U	\$550	\$250	\$800

Send your completed application and regional check to:

AYSO Quartz Hill Shootout C/O Quartz Hill AYSO P.O. Box 4955 Lancaster, California, 93539

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 (if 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 mail back 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.qhayso.638.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 an email newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Landon Pikkel – Tournament Director

661-992-8358 - E-mail QHshootout638@gmail.com

Web site www.qhayso638.org

Sponsored by AYSO Region 638, Quartz Hill, California



2024 AYSO Quartz Hill Shootout



Team Application Form

				Applica	tion Date:	
Section:	Area:	Region #:	Region Name:			
Team Name:						
Age Division (Choose one):	10-U12-U	14-U	16-U19-U	Boys	Girls	Coed
		Contact I	nformation			
Coach Name:			Asst. Coach Name:			_
E-mail:			E-mail:			
Mailing Address:	•		Mailing Address:			
City/State/Zip:			City/State/Zip:			
Evening Phone N	Number:		Evening Phone Number:			
Emergency Phon			Emergency Phone Numbe	r:		
AYSO ID#:			T			
Training Level:			Training Level:			
Safe Haven Date	j.		Safe Haven Date:			
Caro Havon Date	··		Jaie Haven Date.			
Team Rating Crite	orio					
_	erra. star/Select Team, the only o	one from our Region			Yes	No
· ·	star/Select Team, one of	-	is age division from our Regior		Yes	No
3) We are a Extra			is age division from our Region		Yes	No
•	primary program team.		J J		Yes	No
	petitive rating between 1 (lo	w) and 10 (high) is				
6) The average a	age of our players as of Jan	uary 1, 2024 is				
dates s		escheduled due to incle		itted to ret	urning on the al	ternative
round	understand that this is a 2-c games are on the second d e able to complete the tour	day. I hereby notify you	that I will			
	Coach Signature					
report any behav	rior problems to me immedia Guest Player Regional Com	ately. I understand that	permission to attend the Quart players from outside my Region prove the addition ofGue	on (Guest lest Players	Players) will nees for this team.	ed approval
	Print Name		Signature (in re	ed or blue i	nk only, please))
Email:			Best Phone:			
The Referee Re	efund Check should be m	ailed to:				
AYSO Region #						
Send Check to Treas	surer:					
Mailing Address:						
City / State / Zip						
•						