



Sponsored by AYSO Region 67 Chino, CA



Julian Perez Memorial Fall Classic Team Application Form

Application Instructions

Applications are now being accepted for entrance into the AYSO Chino Turkey Tournament.

The deadline to enter the tournament is **Nov 20th, 2024**. 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. 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 2024 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	\$300	\$950
	U-12	\$575	\$300	\$875
	U-10	\$525	\$300	\$825

Send your completed application and regional check to:

Tournament Registrar
Turkey Tournament
PO Box 861
Chino, California, 91710

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.aysoregion67.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:

John Cardenas (909) 313-9354
E-mail Chinomilkcan@gmail.com
Web site www.aysoregion67.org



Julian Perez Memorial Fall Classic

Team Application Form



Application Date: _____

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

Team Name: _____

Age Division: _____ U-10 _____ U-12 _____ U-14 _____ U-16 _____ U-19 _____ Boys _____ Girls

Contact Information

Coach Name: _____ Asst. Coach Name: _____

E-mail: _____ E-mail: _____

Mailing Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Best Phone Number: _____ Best Phone Number: _____

Training Level: _____ Training Level: _____

Shirt Size: AS AM AL AXL AXXL Shirt Size: AS AM AL AXL AXXL

Team Manager: _____ Team Manager Email: _____

Cell Phone: _____

Team Rating Criteria:

- 1) We are an Allstar/Extra/Select Team, the only one from our Region. _____ Yes _____ No
- 2) We are an Allstar/Extra/Select Team, 1 of _____ teams in this age division from our Region. _____ Yes _____ No
- 3) My team competitive rating between 1 (low) and 10 (high) is _____
- 4) The average age of our players as of January 1, 2024 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 3-day tournament and that the medal round games are on Sunday. 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 Julian Perez Memorial Fall Classic. 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: _____