

Sponsored by AYSO Region 67 Chino, CA

Chino Milkcan Tournament Team Application Form



Application Instructions

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

The deadline to enter the tournament is **May 15. 2025**. 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 <u>all</u> 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:

J-19/U-16	18 players max	11-v-11 play
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 U-19/U-16	Team Entry Fee \$650	Referee Fee \$300	Total Fee \$950
	U-14	\$600	\$300	\$900
	U-12	\$550	\$300	\$850
	U-10	\$525	\$300	\$825

Send your completed application and regional check to:

Tournament Registrar Chino Milkcan

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.com.

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 <u>Chinomilkcan@gmail.com</u> Web site <u>www.aysoregion67.com</u>

TC-125 Rev 1.03 10/10/2022



Chino Milkcan Tournament



Team Application Form

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, 2025 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 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 Chino Milkcan Tournament. 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: Best Phone:							Application Date:		
Team Name: Age Division: U-10 U-12 U-14 U-16 U-19 Boys Girls Contact Information Coach Name: E-mail: Asst. Coach Name: E-mail: Mailing Address: City/State/Zip: Best Phone Number: Training Level: Shirt Size: Shirt Size: Shirt Size: Team Manager: Team Manager: Team Allstar/Extra/Select Team, the only one from our Region. 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, to 1 teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 for the following reason: Yes, I understand that this is a 3-day tournament and that the medal round games 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 Chino Milkcan Tournament. 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) Best Phone: The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	Section:	Area:		Region #:		Region Name	:		
Coach Name:	Team Name:								
Asst. Coach Name: E-mail: E-ma	Age Division:	U-10	U-12	U-14	U-16	U-19	Boys	Girls	
E-mail: Mailing Address: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: Sest Phone Number: Training Level: Shirt Size: Team Manager: Team Manager: Team Manager: Team Manager: Team Manager: Team Manager: Team Allstar/Extra/Select Team, the only one from our Region. 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, to 1 teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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: 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:				Contac	t Informatio	n			
Mailing Address: City/State/Zip: Best Phone Number: Training Level: Shirt Size: Team Manager Email: Team Rating Criteria: 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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: The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	Coach Name:				Asst. Co	ach Name:			
City/State/Zip: Best Phone Number: Training Level: Shirt Size: Team Manager: Cell Phone: Team Manager: Team Manager: Team Allstar/Extra/Select Team, the only one from our Region. 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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: Print Name Signature (in red or blue ink only, please) The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	E-mail:				E-mail:				
Best Phone Number: Training Level: Training Level: Shirt Size: Team Manager: Team Allstar/Extra/Select Team, the only one from our Region. 1) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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: Signature (in red or blue ink only, please) The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	Mailing Address:	<u></u>			Mailing /	Address:			
Training Level: Shirt Size: Shirt Size: Team Manager Email: Team Manager Email: Team Rating Criteria: 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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: Print Name Signature (in red or blue ink only, please) The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	City/State/Zip:				City/Stat	te/Zip:			
Shirt Size: Shirt Size: Shirt Size: Team Manager Team Manager Email: Team Manager Email: Team Rating Criteria: 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, 2025 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 Sunday. I hereby notify you that I will NOT be able to complete the tournament for the following reason: Coach Signature Coach Signature Regional Commissioner Approval: Yes, the above team has my permission to attend the Chino Milkcan Tournament. 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: Send Check	Best Phone Num	nber:			Best Pho	one Number:			
Team Manager:Email: Team Rating Criteria: 1) We are an Allstar/Extra/Select Team, the only one from our RegionYesNo 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our RegionYesNo 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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:	Training Level:	<u></u>			Training	Level:			
Team Rating Criteria: 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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	Shirt Size:				Shirt Siz	e:			
Team Rating Criteria: 1) We are an Allstar/Extra/Select Team, the only one from our Region. 2) We are an Allstar/Extra/Select Team, 1 of teams in this age division from our Region. 3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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:	Toom Managari					anager			
1) We are an Allstar/Extra/Select Team, the only one from our Region	~				Email: 				
2) We are an Allstar/Extra/Select Team, 1 of	Team Rating Crit	eria:							
3) My team competitive rating between 1 (low) and 10 (high) is 4) The average age of our players as of January 1, 2025 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 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 Chino Milkcan Tournament. 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:	1) We are an Alls	star/Extra/Select T	eam, the only	one from our Re	egion.			Yes	No
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 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 Chino Milkcan Tournament. 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:	2) We are an Alls	star/Extra/Select T	eam, 1 of	teams in	this age div	ision from our Re	egion.	Yes	No
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 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 Chino Milkcan Tournament. 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:	3) My team comp	petitive rating betw	een 1 (low) a	and 10 (high) is					
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 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 Chino Milkcan Tournament. 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:	4) The average a	age of our players	as of January	/ 1, 2025 is					
Regional Commissioner Approval: Yes, the above team has my permission to attend the Chino Milkcan Tournament. 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:	Yes, I Yes, I round	have read the tour should the tournan understand that th games Sunday. I h	nent be resch is is a 3-day thereby notify	neduled due to ind tournament and t you that I will NC	clement wea	ther, etc. al	mmitted to retu	urning on the a	Iternative
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:		Coach Sig	nature						
Email: Best Phone: The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	any behavior pro	blems to me imme	diately. I und	lerstand that play	ers from out	side my Region ((Guest Players	s) will need app	ease report proval as well
The Referee Refund Check should be mailed to: AYSO Region # Send Check to Treasurer:	Print Name			Signature (in red or blue ink only, please)					
AYSO Region # Send Check to Treasurer:	Email:				Best F	Phone:			
Send Check to Treasurer:	The Referee Refu	and Check should	l be mailed t	o:					
	AYSO Region #	_							
Mailing Address:	Send Check to T	reasurer:							
	Mailing Address:	_							

TC-125 Rev 1.03 10/10/2022