



Sponsored by AYSO Region 65 Rancho Cucamonga, California

# 2019 Annual AYSO Grape Stomp Tournament Team Application Form

## Application Instructions

Applications are now being accepted for entrance into the AYSO Grape Stomp Tournament. The tournament is scheduled for March 9<sup>th</sup> & 10<sup>th</sup> 2019, with rain out dates of April 6<sup>th</sup> & 7<sup>th</sup>, 2019.

The deadline to enter the tournament is **February 16th, 2019**. 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:

- Alternatively, an eAYSO Roster form will be accepted, however 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 February 23<sup>th</sup>, 2019; after that, no roster changes. All roster changes must also be approved by your Regional Commissioner and submitted with new signatures. **NO EXCEPTIONS**
- Rosters must be comprised solely of players who were registered and played in the AYSO 2018 primary program.
- Player roster limits are as follows:

U-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 and Area 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-19/U-16	\$525	\$225	\$750
	U-14	\$525	\$225	\$750
	U-12	\$475	\$225	\$700
	U-10	\$425	\$225	\$650

Send your completed application and regional check to:

Tournament Registrar  
AYSO Grape Stomp Tournament  
6248 Brandy Place  
Alta Loma Ca. 91737

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 <http://rcgrapestomp.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:

Lisa Smith  
E-mail [grapestomp.r65@gmail.com](mailto:grapestomp.r65@gmail.com)  
Web site <http://rcgrapestomp.org>



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# 16<sup>th</sup> Annual AYSO Grape Stomp Tournament

## 2019 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: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Game Day Phone Number: \_\_\_\_\_ Game Day Phone Number: \_\_\_\_\_

AYSO ID#: \_\_\_\_\_ AYSO ID# \_\_\_\_\_

Training Level : \_\_\_\_\_ Training Level : \_\_\_\_\_

Safe Haven Date: \_\_\_\_\_ Safe Haven Date: \_\_\_\_\_

CDC Date: \_\_\_\_\_ CDC Date: \_\_\_\_\_

### Team Rating Criteria:

- 1) We are an Allstar/Extra/Select Team, the only one from our region. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) We are a Fall regular-season team. \_\_\_\_\_ 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, 2019 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.

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the 2015 Grape Stomp Tournament. Please report any behavior problems to me immediately.

\_\_\_\_\_  
RC Signature RC EMAIL

### The Referee Refund Check should be mailed to:

AYSO Reg # /Treasurer Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_