



Hosted by AYSO Region 274, Hilo Hawaii

2009 Volcano International Soccer Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 2009 Volcano International Soccer Tournament.

The deadline to enter the tournament is **June 15th, 2009**. 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 or Organization President/Registrar
2. Team Roster Form signed by your Regional Commissioner or Organization President/Registrar

Roster Notes:

- Alternatively, AYSO teams may submit an eAYSO Roster form, 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 Team Check-in; after that, no roster changes. All roster changes must be approved by your Regional Commissioner or Organization President/Registrar.
- Rosters must be comprised solely of players who were registered to play in the just concluded AYSO / Organization primary season program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO region or Organization team. In this case, the guest player's Regional Commissioner or Organization President/ Registrar must sign the roster.

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 organizations appropriate Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without signature).
4. A single Regional / Organization check for the total amount of the Team Entry Fee and the Referee Commitment Deposit.

Team fees are:	Age Division	Team Entry Fee	Referee Deposit	Total Fee
	U-19/U-16	\$250	\$150	\$400
	U-14	\$250	\$150	\$400
	U-12	\$250	\$150	\$400
	U-10	\$185	\$150	\$335

Send your completed application and Regional/Organization Check to Tournament Registrar
 Volcano International Soccer Tournament
 PO Box 5000
 Hilo, Hawaii 96720

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.

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.volcano-tournament.com

Please note that email 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:

Dave Brown (808) 968-8640
 E-mail brownd071@hawaii.rr.com
 Web site www.volcano-tournament.com



2009 Volcano International Soccer Tournament



Team Application Form

Application Date: _____

Section: _____ Area: _____ Region Organization _____ Region/Organization Name: _____

Team Name: _____

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

Contact Information

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Evening Phone Number: _____	Evening Phone Number: _____
Emergency Phone Number: _____	Emergency Phone Number: _____
AYSO/Organization ID#: _____	AYSO/Organization ID#: _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date: _____
Shirt Size: AS AM AL AXL AXXL	Shirt Size: AS AM AL AXL AXXL

Team Rating Criteria:

- 1) We are an Allstar/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 regular-season 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, 2009 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 or Organization President/Registrar Approval: Yes, the above team has my permission to attend the Volcano International Soccer 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/Organization President 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 /Organization
Treasurer _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____