

**Dear Coach,**

This is your invitation to take part in the *Second Annual Area C House Team Fallfest Tournament*. The tournament will be held on October 9<sup>th</sup> and 10<sup>th</sup>. Games will be played in Warren. The tournament is open to any A.Y.S.O. Area C fall **house team**; the tournament committee will decide any exceptions. **All coaches and assistants must be CERTIFIED for the age level they are coaching.** Regional Commissioners will verify that coaches are certified and the original house team roster has been submitted with a signature on the roster.

**The Fallfest Tournament will consist of the following age divisions:**

<b>11 V 11</b>		<b>9 V 9</b>		<b>7 V 7 (With Keepers)</b>	
<b>BOYS</b>	<b>GIRLS</b>	<b>BOYS</b>	<b>GIRLS</b>	<b>BOYS</b>	<b>GIRLS</b>
<b>Under 14</b>	<b>Under 14</b>	<b>Under 12</b>	<b>Under 12</b>	<b>Under 8</b>	<b>Under 8</b>
		<b>Under 10</b>	<b>Under 10</b>		

**\*Teams will be allowed to play “up” if there are not enough teams in their division**

**Registration Deadline is September 21, 2010– Late Registrations will only be accepted if needed**

**TOURNAMENT ENTRY FEE: Fee includes Tournament T-shirt for all registered players and head coach (only one coach will be given a shirt – additional shirts may be purchased on application form).**

<b>11 V 11</b>	<b>\$210.00</b>
<b>9V9 and 7 V 7</b>	<b>\$180.00</b>

**Checks should be made payable to A.Y.S.O. Area C**

**TO BE ACCEPTED THE APPLICATION MUST BE COMPLETED IN FULL WITH PAYMENT BY REGISTRATION DEADLINE. NO CHANGES TO SUBMITTED/ACCEPTED ROSTERS.**

**Original House Team Rosters Must Be Submitted No Later Than September 21, 2010 with application and fee. All submitted rosters MUST have the Original Regional Commissioner Signature.**

**Coaches must submit the pre-printed eAYSO roster with signature and complete the attached team roster form with signature. The signature verifies the coach’s certification for appropriate age division.**

- Certification is necessary for all COACHES and ASSISTANTS
- All teams will play a minimum of three (3) games.
- All Co-Ed teams play in the boys division.
- Under 8 will play within their division only. No playoffs. Minimum of three games. All U-8 players will be given participation awards.
- The Fallfest is designed for AYSO House Teams. All players on current roster must be asked to participate.
- The coach will have in his/her possession a current copy of the original player’s AYSO registration forms with picture I.D during the tournament.
- Awards will be awarded to First, Second, Third and Fourth place teams.

**TOURNAMENT RULES and MORE TOURNAMENT INFORMATION CAN BE FOUND AT <http://area8c.clubspaces.com>**

**We hope you will come join us and have some A.Y.S.O. FUN!!!!!!!!!!**

**Yours in Soccer,**

**Mike Ricci  
Tournament Director  
[maricci627@gmail.com](mailto:maricci627@gmail.com)  
CELL (586) 770-7448**

**2010 AYSO AREA C HOUSE TEAM FALLFEST TOURNAMENT**

**APPLICATION FORM  
October 9<sup>th</sup> & 10<sup>th</sup>, 2010**

**TEAM NAME:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_ **Girls Boys REGION#:** \_\_\_\_\_

**AGE DIVISION:** Circle One

<b>11 V 11</b>		<b>9 V 9</b>		<b>7 V 7 (With Keeper)</b>	
<b>BOYS</b>	<b>GIRLS</b>	<b>BOYS</b>	<b>GIRLS</b>	<b>BOYS</b>	<b>GIRLS</b>
Under 14	Under 14	Under 12	Under 12	Under 8	Under 8
		Under 10	Under 10		

**\*\* A MINIMUM OF 4 TEAMS NEED TO REGISTER IN ORDER TO HAVE A DIVISION/FLIGHT EXIST. CO-ED TEAMS PLAY IN THE BOYS DIVISION.**

**Name of Coach:** \_\_\_\_\_ **AYSO ID #:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Cell Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**ASSISTANT COACH INFO:**

**Name:** \_\_\_\_\_ **AYSO ID #:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Please indicate the quantity of shirt sizes your registered players need (include the head coach)**

Shirt Size	Quantity
YS	
YM	
YL	
AS	
AM	
AL	
XL	
XXL	

Additional T-Shirts Needed: \$10.00 each		
Quantity	Size:	Cost:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Cost:		_____

***Number of shirts must match number of players on roster with one additional for coach.***

**Checks (with registration fee and additional t-shirt cost) should be made payable to A.Y.S.O. Area C and mailed to:**

**AREA C FALLFEST TOURNAMENT  
52653 WASHINGTON  
NEW BALTIMORE, MI 48047**

**AREA USE:      DATE RECEIVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ DIV \_\_\_\_\_ B G      FULL ROSTER**

**2010 AYSO AREA C HOUSE TEAM FALLFEST  
SOCCER TOURNAMENT**

**TEAM ROSTER – needs to be completed and submitted along with the Computer (eAYSO)  
Roster.**

**eAYSO Rosters must be printed before September 1, 2010**

TEAM NAME: \_\_\_\_\_ Region # \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_ CELLPHONE \_\_\_\_\_

**INSTRUCTIONS:**

1. Rosters must be accompanied by an eAYSO Team Roster from current season signed by RC in red ink.

**2. Signature: The Team Roster must be signed by the Regional Commissioner.  
Application will not be accepted without signature.**

	AYSO PLAYER #	Player's Name	Age	Date of Birth	Telephone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**Must be filled out by Commissioner in RED INK:**

Coach: \_\_\_\_\_

Level of Certification \_\_\_\_\_ Date of Certification: \_\_\_\_\_ Safehaven Date: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Level of Certification \_\_\_\_\_ Date of Certification: \_\_\_\_\_ Safehaven Date: \_\_\_\_\_

\_\_\_\_\_  
**Regional Commissioner (Print Name)**

\_\_\_\_\_  
**Regional Commissioner (Signature in Red Ink)**