
	<p>Sponsored by AYSO Region 5, Fountain Valley, California</p> <p><b>2015 HI-5 Tournament</b></p> <p><b>Team Application Form</b></p>	
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Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

**Contact Information**

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Evening Phone Number: _____	Evening Phone Number: _____
Emergency Phone Number: _____	Emergency Phone Number: _____

**Team Rating Criteria:**

- |  |           |          |
|--|-----------|----------|
| 1) We are an Allstar/Select Team   | _____ 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 primary program 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, 2007 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.

I understand that this is a 2-day tournament and that the medal round games are on the second day. Initial here if you will not be able to attend the second day of the tournament

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

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the HI5 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 will only be mailed to the Treasurer: (no address=no refund)**

AYSO Region # \_\_\_\_\_

Send Check to Treasurer: \_\_\_\_\_

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

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