

Sponsored by AYSO Region 638, Quartz Hill, California

2025

AYSO Quartz Hill Shootout

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Quartz Hill Shootout.

The deadline to enter the tournament is thirty days prior to the tournament. Applications received by **February 14th, 2025**, 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 your online application. To be considered complete, your application must include <u>all</u> the following:

- Team Application Form, signed by the Head Coach and the Regional Commissioner.
- 2. Team Roster (Blue Sombrero roster) signed by your Regional Commissioner.

Roster Notes:

- An Blue Sombrero Roster is required and 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.
- Rosters must be comprised solely of players who were registered and played in the AYSO 2023 primary program.
- Up to 3 guest players may be added to your roster from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner must sign the roster.
- Player roster limits are as follows:

 14-U
 15 players max
 11-v-11 play

 12-U
 12 players max
 9-v-9 play

 10-U
 10 players max
 7-v-7 play

- 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). However, teams who provide qualified referee teams will be
 given first consideration.
- 4. A single region check for the total amount of the Team Entry Fee and the Referee Commitment Fee.
- 5. Checks to be made out AYSO Region 638

| Team fees are: | Age Division | Team Entry Fee | Referee Fee | Total Fee |
|----------------|--------------|----------------|-------------|-----------|
| | 14-U | \$650 | \$400 | \$1050 |
| | 12-U | \$600 | \$400 | \$1000 |
| | 10-U | \$550 | \$400 | \$950 |

Send your completed application and regional check to:

AYSO Quartz Hill Shootout C/O Quartz Hill AYSO P.O. Box 4955 Lancaster, California, 93539

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 (if 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 mail back 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.ayso638.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 an email newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Landon Pikkel – Tournament Director

661-992-8358 - E-mail QHshootout638@gmail.com

Web site www.qhayso638.org

Sponsored by AYSO Region 638, Quartz Hill, California



2024 AYSO Quartz Hill Shootout



Team Application Form

| | | | | Applicat | ion Date: | | |
|--|---|---|---|----------------|-------------------|-----------|--|
| | Area: | Region #: | Region Name: | | | | |
| Team Name: Age Division | | | | | | | |
| | 10-U12-U | 14-U | 16-U19-U | Boys | Girls | Coed | |
| | | Contact Ir | nformation | | | | |
| Coach Name: | | | Asst. Coach Name: | _ | | _ | |
| E-mail: | | | E-mail: | | | | |
| Mailing Address: | | | Mailing Address: | | | | |
| City/State/Zip: | | | City/State/Zip: | | | | |
| Evening Phone N | lumber: | | Evening Phone Number: | | | | |
| Emergency Phon | e Number: | | Emergency Phone Numb | er: | | | |
| AYSO ID#: | | | AYSO ID# | | | | |
| Training Level: | | | Training Level: | _ | | | |
| Safe Haven Date | : | | Safe Haven Date: | _ | | | |
| Feam Rating Crite | eria: | | | | | | |
| _ | tar/Select Team, the only on | e from our Region. | | | Yes | No | |
| • | We are an Allstar/Select Team, one ofteams in this ag | | | on | Yes | No | |
| 3) We are a Challenge Team, one ofteams in this age division fromteams in theteams in this age division fromteams in theteams in theteams in theteams in theteams in theteams in theteams in this age division fromteams in theteams in the | | | s age division from our Regi | on | Yes | No | |
| 4) We are a fall pr | rimary program team. | | | | Yes | No | |
| | etitive rating between 1 (low ge of our players as of Janu | | | | | | |
| Feam Head Coach Yes, I h dates s | n Approval: nave read the tournament rui hould the tournament be res | les and I promise to at scheduled due to incle | oide by them. I also am comment weather, etc. | mitted to retu | ırning on the al | ternative | |
| I under | stand that all teams are gua | ranteed a minimum of | 4 games. | | | | |
| round g | understand that this is a 2-da games are on the second da e able to complete the tourna | y. I hereby notify you t | hat I will | | | | |
| | Coach Signature | | | | | | |
| report any behavi | or problems to me immediat | tely. I understand that i | permission to attend the Qua players from outside my Reg prove the addition ofG | jion (Guest F | Players) will nee | | |
| Print Name | | | Signature (in red or blue ink only, please) | | | | |
| Email: | | | Best Phone: | | | | |
| he Referee Refui | nd Check should be maile | d to: | | | | | |
| YSO Region # | | | | | | | |
| Send Check to Treas | urer: | | | | | | |
| Mailing Address: | | | | | | | |
| | | | | | | | |