



Sponsored by AYSO Region 119 Mililani,

Mililani AYSO 2009 Makahiki Tournament Team Application Form



Application Instructions

Applications are now being accepted for entrance into the Mililani Makahiki Tournament.

The deadline to enter the tournament is **NOVEMBER 30, 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.
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 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 to play in the AYSO 2009 Fall Season program.
- Player roster limits are as follows:

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

- No guest players.
3. Referee Information Form.
 4. Entire fee and referee deposit must accompany tournament application and will be returned if application is not accepted. Please send **2 Region checks**, one for the Team Entry and one for the Referee Deposit. Make Region checks (No personal checks) payable to AYSO Region 119.

TEAM FEES; TEAM ENTRY, U10, \$150.00, U12, \$175.00, U14, \$200.00. REFEREE DEPOSIT; \$175.00.

If accepted, it will be assumed that you intend for your team to play the entire tournament.

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.

If the tournament is canceled and cannot be rescheduled, a refund, less \$50.00 and the cost of any pre-ordered items, will be issued. Pre-ordered items will be sent to the team. ***If a team withdraws, no refund will be provided.***

All information about the tournament can be obtained by visiting our website at www.mililaniayso.com/makahiki.

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:

Tournament Director: Dunstan Canne
E-mail: dcanne1154@hawaii.rr.com

Assistant Tournament Director: Michael Umeda
E-mail: mike_umeda@yahoo.com

Tournament Scheduler: Steven Morihara
E-mail: hopedreams@hawaiiantel.nrt
Address: 94-211 Oheala Pl.
Mililani, HI 96789



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Mililani AYSO 2009 Makahiki Tournament Team Application Form



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: _____

Email: _____ Email: _____

Best Phone Number: _____ Best Phone Number: _____

Emergency Phone Number: _____ Emergency Phone Number: _____

Alternate Contact: _____ Alternate Contact: _____

Email: _____ Email: _____

Best Phone Number: _____ Best Phone Number: _____

Team Rating Criteria:

- 1) Gold Select Team. _____ Yes _____ No
- 2) Silver Select Team. _____ Yes _____ No
- 3) Bronze Select Team. _____ Yes _____ No
- 3) Fall Season Balanced Team. _____ Yes _____ No

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the Mililani Makahiki Tournament. Please report any behavior problems to me immediately

Print Name

Signature (in red or blue ink only, please)

Email: _____ Best Phone: _____

The Referee Refund Check should be mailed to:

AYSO Region # _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____