



2008 Kona Honu Soccer Invitational Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 3rd Annual AYSO Kona Honu Soccer Invitational.

The deadline to enter the tournament is **May 15, 2008**. Applications accepted by this 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 League Administrator.
2. Team Roster Form signed by your Regional Commissioner or League Administrator.

Roster Notes:

- Alternatively, an eAYSO Roster form, USYSA or USClub Soccer game card will be accepted, however it must include the names of the Head Coach and Assistant Coach as well as player registration ID numbers.
- Roster changes will be allowed up until **July 7, 2008**. A revised roster must be signed by the team's Regional Commissioner or League Administrator.
- For AYSO teams, up to 3 guest (other AYSO regions) or outside (non-AYSO) players may be added to your roster accompanied by a signed release form from the respective Regional Commissioner or League Administrator.
- Player roster limits are as follows:

	<u>AYSO Teams</u>	<u>Non-AYSO Teams</u>	
U-16	18 players max	18 players max	11-v-11 play
U-14	15 players max	18 players max	11-v-11 play
U-12	12 players max	18 players max	9-v-9 play
U-10	10 players max	14 players max	7-v-7 play

3. 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).
4. A single Regional check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Team fees are:	(U10/U12) Team Entry Fee = \$200.00	(U14/U16) Team Entry Fee = \$300.00
	Referee Deposit = \$150.00	Referee Deposit = \$150.00
	Total Fee = \$350.00	Total Fee = \$450.00

Send your completed application and Region/League Check to:

Kona Honu Soccer Invitational
P.O. Box 390814
Keauhou, HI 96739
Attn: Tournament Registrar

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.konahonusoccer.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:

Phone: (808) 345-8298	E-mail : konasoccer@msn.com	Web site: www.konahonusoccer.com
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2008 Kona Honu Soccer Invitational Team Application Form



Application Date: _____

Section: _____ Area: _____ Region #: _____ Region/League Name: _____

Team Name: _____

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

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: _____
ID#: _____	ID # _____
Certification Level: _____	Certification Level: _____

Team Head Coach Approval:

Yes, I have read the Tournament Rules & Regulations and understand that any questions or concerns I may have will be brought up to the Tournament Coach Administrator or Assistant Tournament Director prior to the start of the Tournament.

Coach Signature

Regional Commissioner / League Administrator Approval: Yes, the above team has my permission to attend the 2008 Kona Honu Soccer Invitational. Please report any behavior problems to me immediately. I understand that players from outside my Region / League (Guest/Outside Players) will need approval from their respective Regional Commissioner / League Administrator. I hereby approve the addition of _____ Guest/Outside players for this team.

Print Name

Signature

Email: _____ Best Phone: _____

The Referee Refund Check should be mailed to:

AYSO Region # _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____