



The 6th Annual AYSO Duke City Shootout 2010



Date and Location:

May 22-23, 2010. All games will take place at the State Farm Insurance Soccer Complex.

Entry Deadline:

April 30, 2010

Age Groups: Boys and Girls:

U09: 08/01/2000 - 07/31/2001 U12: 08/01/1997 - 07/31/1998 U15: 08/01/1994 - 07/31/1995
U10: 08/01/1999 - 07/31/2000 U13: 08/01/1996 - 07/31/1997 U16: 08/01/1993 - 07/31/1994
U11: 08/01/1998 - 07/31/1999 U14: 08/01/1995 - 07/31/1996 U19: 08/01/1990 - 07/31/1993

Eligible:

All AYSO and non-AYSO teams in good standing are welcome. Teams from other organizations will be accepted after demonstration of proof of liability insurance.

Tournament Format:

This is a tournament with standings based on a maximum 10 point system:

Win - 6 points ; Shutout - 1 point (including 0-0 ties) ; Red Card or Coach Dismissal - (-2) Points
Tie - 3 points ; Goals - 1 point for each Goal (3 Max)

All teams will be guaranteed 3 games. If bracket numbers permit, championship/consolation games will be held as the 4th game for teams.

Awards:

Medallions will be awarded for 1st, 2nd, and 3rd place in each bracket. All players and coaches will receive a participation pin. A sportsmanship award is given in each bracket.

Entry Fee:

Entry fee is: \$250.00 for U9-U12 and \$300.00 for U13-U19, plus a \$100.00 refundable referee deposit (see Referee Refund Program - below), payable to "AYSO Duke City Shootout". All AYSO teams must submit their fee on a Regional Check.

Referee Refund Program:

To encourage teams to bring referees, we will refund to the team \$25.00 for each game centered by a qualified referee and \$12.50 for each game lined by a qualified assistant referee. Total refund is limited to amount deposited (\$100.00). Please refer to tournament rules and "referee refund program" document for explanation and further details.

Acceptance:

Notification of acceptance or non-acceptance will be mailed or sent via email within 48 hours of the application deadline. Teams not accepted will receive a complete refund immediately.

MANDATORY CHECK-IN:

All teams must have a representative at the MANDATORY CHECK-IN on Friday, May 21st, from 6:00 - 9:00 PM, at a location yet to be announced.

***** For more information please contact *****

Clint Gray <i>Tournament Director</i> shootout.director@ayso104.org 505-292-4014 (h) 505-715-0328 (c)	Terri Lohnes <i>Asst. Tournament Director</i> jtism1990@msn.com 505-858-1332 (h) 505-280-6741 (c)	Roxanne Cuyler <i>Asst. Tournament Director</i> skunky@cuyzoo.com 505-506-2958 (c)	Bill Kesatie <i>Tournament Registrar</i> 7705 Midge Street NE Albuquerque, NM 87109 bkesatie@yahoo.com
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Or Visit the Tournament Web Site: www.ayso104.org/programs/shootout.html



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Team Application Form May 22-23, 2010

AYSO Region or Club _____ Team Name: _____

Division: Boys (coed) U09 U10 U11 U12 U13 U14 U15 U16 U17-U19
 Girls U09 U10 U11 U12 U13 U14 U15 U16 U17-U19

Contact Information

	Coach		Main Contact
Name	_____	_____	_____
Address	_____	_____	_____
Phone # 1	_____	_____	_____
# 2	_____	_____	_____
Email	_____	_____	_____

AYSO Coaches ONLY

Name	AYSO ID	Certification Level	Safe Haven Date
_____	_____	_____	_____
_____	_____	_____	_____

League Record	Current Year:	Win		Loss		Tie		Preferred Bracket	Gold	<input type="checkbox"/>
	Last Year:	Win		Loss		Tie			Silver	<input type="checkbox"/>

Tournament	Location	Record W/L/T	Place	# Teams

(Comments to aid in team placement are encouraged and may be attached on a separate page.)

For Tournament Use Only- Do not write in this area:

Date Received _____ Entry Fee _____ Check # _____



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Referee Information Form

May 22 - 23, 2010

Mail with Team Application by
April 30, 2010 to:

Bill Kesatie (*Tournament Registrar*)
7705 Midge Street NE
Albuquerque, NM 87109

AYSO Region or Club _____ Team Name: _____

Referee Information

	Referee # 1	Referee # 2
Name	_____	_____
Address	_____	_____
	_____	_____
Phone # 1	_____	_____
# 2	_____	_____
Email	_____	_____
Experience (yrs)	_____	_____
Grade/Level	_____	_____
Highest Level Desired to Officiate	_____	_____
Special Requests	_____	_____
	_____	_____
	_____	_____



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Team Roster Form

(A copy or original of your club/league roster form is preferred.)

Team Name: _____ AYSO Region/Club: _____

	Name	Phone #	AYSO Coaches Only		
			ID #	Safe Haven Date	Training Level
Coach					
Asst. Coach					

Please indicate the appropriate division and gender:

**** List Players Alphabetically ****

AYSO Limits : U9-10: 10 players; U11-12: 12 players; U13-14: 15 players U15-19: 18 players

Club Limits : U9-10: 10 players; U11-12: 14 players; U13-19: 18 players

	Player	#	DOB	Player ID	Guest?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

By my signature below, I certify that all players on this roster are valid registered players in my Region/Organization and are approved to participate in this tournament:

Regional Commissioner/
Organization President:

Print Name

Signature



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T-Shirt Order Form

May 22-23, 2010

Team Name		Age/Gender	
Coach Name		Phone #	

During the tournament, Limited Edition Tournament Tee Shirts will be sold for \$15.00 each. However, Tee Shirts may be purchased for the entire team at a special early bird price of:

Size	Quantity	Cost/T-Shirt	Total Cost
Youth Small		\$10.00	
Youth Medium		\$10.00	
Youth Large		\$10.00	
Adult Small		\$10.00	
Adult Medium		\$10.00	
Adult Large		\$10.00	
Adult XL		\$10.00	
Adult XXL		\$10.00	
Total			



Order Received _____

Paid Date _____

Delivered _____

Check # _____