



THE GAMES @ AREA B

Team Application Form March 7-9 2025



Application Instructions

Applications are now being accepted for entrance into the THE GAMES @ Area B.

The deadline to enter the tournament is **Feb 15, 2025**. 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:

- An Affinity Sports Official Tournament Roster form will **ONLY** be accepted. It must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner with contact cell phone number.
- Roster changes will be allowed up until Team Check-in, with Tournament Registrar pre-approval; 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 2024 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:

U-19/U-16	20 players max	11-v-11 play
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

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 region check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U-19/U-16	\$650	\$300	\$950
	U-14	\$600	\$300	\$900
	U-12	\$550	\$300	\$850
	U-10	\$500	\$300	\$800

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Send your completed application and regional check to:

THE GAMES @ Area B
Tournament Registrar
9821 Santa Anita Ave
Montclair, California, 91763

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 (in the event that 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 return 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 Areabgames.com 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:

Frank Barbosa (909) 766-4853
E-mail Areabgamestd@gmail.com
Web site www.areabgames.com



THE GAMES @ AREA B

Team Application Form



Application Date: _____

Section: _____ Area: _____ Region #: _____ Region Name: Team Name: _____
Age Division: U-10 U-12 U-14 U-16 U-19 _____ Boys _____ Girls

Contact Information

Coach Name: _____
E-mail: _____
Mailing Address: _____
City/State/Zip: _____
Evening Phone Number: _____
Emergency Phone Number: _____
AYSO ID#: _____
Training Level : _____
Safe Haven Date: _____
CDC Concussion Date _____
Shirt Size: AS AM AL AXL AXXL

Coach Name: _____
E-mail: _____
Mailing Address: _____
City/State/Zip: _____
Evening Phone Number: _____
Emergency Phone Number: _____
AYSO ID#: _____
Training Level : _____
Safe Haven Date: _____
CDC Concussion Date _____
AS AM AL AXL AXXL

We are an Allstar/Select Team, the only one from our Region. Yes No
We are an Allstar/Select Team, one of _____ teams in this age division from our Region. Yes No
We are a fall primary program team. Yes No
My team competitive rating between 1 (low) and 10 (high) _____
is The average age of our players as of January 1, 2025 is 9 10 11 12 13 14 15 16 17 18+

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.

Yes, I understand that this is a 3-day tournament and that the medal round games are on the third day. I hereby notify you that I will NOT be able to complete the tournament for the following reason: _____

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend THE GAMES @ Area B. 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: _____

Referee Refund will be mailed to the Regional Treasurer Only.

Region # _____ Region Host City _____

Region Mailing Address _____

Regional Treasurer's Name _____ Phone # _____