

**Area 2F Kit Carson All-Star Shootout Soccer Tournament  
Team Registration Application**

Please fax to 885-2305 AND email to [tournament@aysocarsoncity.org](mailto:tournament@aysocarsoncity.org)

**Please consider registering your team on-line at:  
<http://www.gnomon.com/kcregistration/default.aspx>**

*Note: see <http://www.aysocarsoncity.org>, follow links to Kit Carson Shootout for further information*

Region \_\_\_\_\_ City/State \_\_\_\_\_

Division U19 U14 U12 U10 Girls / Boys Team Name \_\_\_\_\_  
Circle one circle one

Team colors (shirt/shorts/socks) : \_\_\_\_\_

**Mandatory: we must have a reliable contact with phone #s and email. Include cell phone number(s), in case we need to contact you DURING the tournament.**

**Coach or contact** \_\_\_\_\_ **e-mail** \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City /State/Zip \_\_\_\_\_

Assistant Coach name and contact info: \_\_\_\_\_

Referee Name(s) *note each referee should complete the referee info sheet. Return as directed and with the team registration forms too.*

1. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

The registration fee is \$280. This year, there is NO referee deposit. But we need at least two certified referees to register and participate in the tournament per team. Please make checks payable to AYSO Area 2F Tournament

*Return forms email, payment by mail or at check-in. Your team may not play if you do not pay by your first game!*

Tournament Committee, P.O. Box 512  
Carson City, NV 89702 OR  
[tournament@aysocarsoncity.org](mailto:tournament@aysocarsoncity.org) OR

You may e-mail the form packet to let us know your intentions of coming to this tournament however, registration will not be considered complete until original form and fee are received.

**One form per team—this registration form may be copied as needed.**

**KIT CARSON SHOOTOUT AREA 2F ALL STAR TEAM ROSTER**

**Note: we prefer a signed eAYSO roster! You can use this form in an emergency. Please note the NEXT page, in which we need the names of the coaches and players in alphabetical order.**

Division \_\_\_\_\_ Region \_\_\_\_\_ Coach \_\_\_\_\_

Team Name \_\_\_\_\_

	PLAYER'S NAME	BIRTHDAY	AYSO
	REGISTRATION #		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Note: All Coaches MUST have your white registration forms for your team at check-in and at the tournament

\_\_\_\_\_  
 (Regional Commissioner's Signature and date)  
 I attest that the information cited above is accurate to the best of my knowledge

(Signature of Tournament Official verifying players and player registration forms)

**LIST OF COACHES AND PLAYERS – AN ELECTRONIC (WORD or PLAIN TEXT) VERSION OF THIS FORM IS MANDATORY (IN ADDITION TO A SIGNED ROSTER)**

AGE and GENDER \_\_\_\_\_ REGION \_\_\_\_\_

TEAM NAME \_\_\_\_\_

List coaches and players in the following way:

Region Name

Team Name

Head Coach

Assistant Coach

Player 1

Player 2

etc. *in alphabetical order by last name*

For instance:

Carson City

CC Blue Diamonds

Jane Kicker

Ralph Respectful

Tammy Aardvark

Betty Brown

Samantha Ferlinghetti

etc.

*The basic idea is that we want to cut and paste this list in to the program. If you do NOT send us this list by Monday noon, your team list will not appear in the program.*