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# Pass Area AYSO 7<sup>th</sup> Annual Cherry Cup Invitational 2023 Team Application

## Application Instructions

Applications are now being accepted for entrance into Pass Area AYSO’s Cherry Cup Invitational Tournament.

The deadline to enter the tournament is **MARCH 15, 2023**. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings.

Online team registration at [cherrycup.org](http://cherrycup.org) is required in order for applications to be considered and processed.

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. Only a Blue Sombrero or Regional Roster form will be accepted, signed by your Regional Commissioner.

### Roster Notes:

- Make sure all players are listed by jersey number.
- Only an Official Team Roster with Jersey numbers will be accepted. Hand written Rosters will not be accepted.
- Roster changes will be allowed up until Team Check-in; after that, no roster changes. Your Regional Commissioner must approve all roster changes. Proper player ID with picture might be required. Be prepared!
- Rosters must be comprised solely of players who were registered and played in the AYSO 2022 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 and your Regional Commissioner must sign the guest player form.
- Player roster limits are as follows:

14U	15 players max	11-v-11 play
12U	12 players max	9-v-9 play
10U	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). **Remember: the quality of officiating is largely dependent upon the experience and abilities of the referees you provide.**
4. A **single** regional 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
	14U	\$525	\$300	\$825
	12U	\$500	\$300	\$800
	10U	\$475	\$300	\$775

Send your completed application and regional check to:  
Tournament Registrar  
Pass Area AYSO  
Attn: Cherry Cup  
PO Box FF. Beaumont, California, 92223

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, including the guidelines, can be obtained by visiting our website at [www.cherrycup.org](http://www.cherrycup.org)**

**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:

Llesenia Call | Tournament Director  
E-mail: [support@cherrycup.org](mailto:support@cherrycup.org)  
Website [www.cherrycup.org](http://www.cherrycup.org)



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Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 Age Division: \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

### Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Best Phone Number: _____	Best Phone Number: _____
Training Level: _____	Training Level: _____
Shirt Size: AS AM AL AXL A2XL A3XL	Shirt Size: AS AM AL AXL A2XL A3XL

Team Manager: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

#### Team Rating Criteria:

- |  |           |          |
|--|-----------|----------|
| 1) We are the only Select Team from our Region in this age division. | _____ Yes | _____ No |
| 3) We are a fall primary program team.                               | _____ Yes | _____ No |
| 4) My team competitive rating between 1 (low) and 10 (high) is       | _____     |          |
| 5) The average age of our players as of January 1, 2023 is           | _____     |          |

#### 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 2-day tournament and that the medal-round games are on Sunday. 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 Cherry Cup. 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

Email: \_\_\_\_\_

Best Phone: \_\_\_\_\_

#### The Referee Refund Check should be mailed to:

AYSO Region # \_\_\_\_\_  
 Send Check to Treasurer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_