



AMERICAN YOUTH SOCCER ORGANIZATION APPLICATION FOR PILOT REGION STATUS

Section:	Area:	Region number assigned:	For office use only
State and communities served:			
Zip codes served:			
Distance to closest Region(s):	⇒ Expected start date for first season:	Split of existing Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	⇒ Anticipated number of players:	From which Region?	

PILOT REGION PLAN FOR PLAY

Most AYSO Regions hold a primary playing season at only one time of the year. Some hold primary play at two or more times of the year. Some hold a split season – games at one time of the year, a break, then additional games. Many Regions also conduct secondary play programs at other times (e.g. indoor, tournament, travel ball).

This Pilot Region's primary play programming* will be (check all that apply): Fall Winter Spring Summer

Planned dates for first registration of players: Start _____ End _____

Playing dates: From _____ To _____ and From _____ To _____ and From _____ To _____

OPTIONAL: This pilot Region anticipates hosting or participating in secondary play** as follows:

Program type _____ Start _____ End _____

Program type _____ Start _____ End _____

*Primary Play is that set of scheduled games in a Region for which open registration is held, balanced teams are formed and all registrants play. This is also the first time in each AYSO membership year (August 1 – July 31) for which team member registrations have been paid, national fees remitted and insurance is in effect.

**Secondary play is any program other than the primary program (whether in single or split format) and any playoffs associated with the primary program.

ACKNOWLEDGMENTS AND AGREEMENTS

In accordance with the Bylaws of the American Youth Soccer Organization, this Pilot Region will operate and be subject to the Organization's Bylaws, Rules & Regulations, Policies, Regional Guidelines and Philosophies. The below signed individuals acknowledge awareness of the requirements necessary to establish and to operate an AYSO Pilot Region and agree that this Pilot Region will abide by all. *See Statements of Understanding and Agreement*

Regional Commissioner Candidate Name _____

Signature: _____ Date: _____

Area Director Name _____

Signature: _____ Date: _____

Section Director Name _____

Signature: _____ Date: _____

For Office Use Only: National Secretary approval _____ Date: _____
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NEW PILOT REGIONAL INFORMATION FORM

Date: _____

Section #: _____ Area #: _____

Applicable Membership Year: MY _____

New Region # (to be completed by Membership Services Staff) _____

1. Regional Commissioner:	AYSO Phone:
Address:	Cell Phone:
City/State/Zip:	Res. Phone
e-mail:	Bus. Phone
Please check those to be published (AYSO phone is automatically published).	
Cell <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> FAX <input type="checkbox"/>	

There are 6 additional required Regional Board members, please fill in the appropriate information for new board member each below.

Important - Mandatory Policy: The minimum number of individuals who can fill the 7 required Region Board positions including the Regional Commission (RC) position is 5. The Treasurer position cannot be filled by the same person as the RC or any member of the same household as the RC. The Treasure may not be related by birth or marriage to the RC.

- 2. Treasurer:** _____ Res. Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes
- 3. Safety Director:** _____ Res. Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes
- 4. Registrar:** _____ Res. Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes
- 5. Coach Administrator:** _____ Res. Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes
- 6. Referee Administrator:** _____ Res. Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes
- 7. Child and Volunteer Protection Advocate:** _____ Res. Phone: _____
 Address: _____ Bus. Phone: _____
 City/State/Zip: _____
 e-mail: _____ **Authorized Purchaser** No Yes