

## Regional Commissioner Residential Training REGISTRATION FORM



Please provide the following information and return this form to programs@ayso.org.

Upcoming RC Training	Sessions:			2019 (Chicago)	
Full Name:	Section/A			gion:	
Street Address:		Phone #:		AYSO ID#	
City, State, & Zip:					
E-mail Address:				Shirt Size:	
The \$625 Registratio	n fee includes training	materials, hotel, and	d meals (Friday - 9	Sunday breakfast)	
Accommodations will be RC Training attendee. If yadded half-room for the tof \$165.00 per night.	made for Thursday, Frida you prefer a single-room,	you will be charged	ts on a shared-roo an additional \$247	.50 to cover the	
_ · _	to share a room with an My roommate preference Please find me a roomm	e is			
☐ I prefer	a single room for an add	litional fee of \$247.50	◯ King Bed	☐ Double Beds	
Food/Meals: Do you ha ☐Yes ☐No If yes	ve any dietary restriction, please explain fully: _				
Saturday Evening Dinner	Chicken	Beef	☐ Veg	☐ Vegetarian Pasta	
	r the following: Shared Room \$650.00 F Single Room \$897.50 R Additional night(s) @ \$1 Which additional night(s)	egistration (Àrrival: T 65.00/night	hursday – Departu	re: Sunday)	
METHOD OF PAYMENT Check payment: Check #		he amount of \$:			
Credit card payment:	Visa MasterCar	d			
Acct. #:	CCV2/CVS#:		Exp. Da	_ Exp. Date:	
Billing Address:					
City, State, Zip:					
Signature:					

Please submit completed forms to the Programs Department, by email to programs@ayso.org or by fax at 310-525-1155 or by U.S. Mail to AYSO National Office, c/o Programs, 19750 S. Vermont Ave., Suite 200 Torrance, CA 90502. \*Questions? 424-221-7995.