









DATES:	November 11-12, 2023
HOST:	City of San Angelo Parks and Recreation Department
AGE GROUPS:	5U, 7U, 9U, 11U, & 13U (Age is determined by participant's age on September 1 of the current year. (9/1/23)
ENTRY FEE:	\$250 per team Checks and money orders made payable to "COSA" or "City of San Angelo" Visa, Mastercard, and Discover Accepted
GATE FEE:	\$7 day pass, \$10 tournament pass, children 14 years and younger are free
ENTRY DEADLINE:	Entry form, fees, and certified rosters with a copy of each player's birth certificate must be received or guaranteed by local TAAF representative by Tuesday, November 7, 2023.
BRACKET:	Double Elimination Bracket. Blind draw for bracket will be held at coaches' meeting on November 10, 2023. Brackets will be posted on teamsideline.com/sanangelo that evening after the coaches' meeting.
	IMPORTANT NOTE : You will not be included in the tournament bracket if we have not received your certified TAAF roster and copies of each player's birth certificates by 5pm on November 7, 2023. If you are left off the bracket due to not turning in paperwork, there is no refund, no exceptions.
RULES:	2022-2023 TAAF Cavalcade Sports – Youth Flag Football
TOURNAMENT DIRECTORS:	Belen Castro (325) 657-4450 (325) 450-0672 belen.castro@cosatx.us
PROTEST FEE:	All protests must be filed by the end of the game. Only a coach can file a protest. Judgment calls are not a basis for protests. You must notify the officials and scorekeeper so the protest is noted in the book. A \$75 fee (cash only) will be charged for any protests made along with a protest form. Protests will be reviewed by the Protest Committee and the ruling will be final.
MAILING & SHIPPING ADDRESS:	City of San Angelo 702 S. Chadbourne San Angelo, Texas 76903





COACH POLICY:	All coaches must go through a background check in order to coach. TAAF affidavit must be submitted by the host city to sign off on clearance. Coaches will be required to show ID in order to be given the passes. Only three (3) coaches allowed on the field. The deadline will be November 3, 2023 to submit your background check through TAAF.				
GAME TIME:	Bracket information will be available after the coaches' meeting on November 10, 2023 online: <u>www.teamsideline.com/sanangelo</u> <u>Any coach who coaches more than one team has no guarantee that there will not be</u> <u>scheduling conflicts at some point in the tournament. All teams should be prepared</u> <u>to have an assistant coach in case of a scheduling conflict.</u>				
TEAM CHECK - IN:	Team check-in will be at the concession area on Quad 3. Please show up an hour before first game in order to check-in all the players on the team.				
COACHES	A <u>mandatory</u> coaches meeting will be held on Friday, November 10, 2023 at the Station 618 across the parking lot of the Recreation office, 618 S Chadbourne St, San Angelo, TX 76903 at 7pm.				
MEETING:	ALL TEAMS must have a representative present to discuss rules and procedures for the tournament and to pick up tournament packets. There will be a blind draw for bracket play.				
AWARDS:	The following awards will be presented: Individual Medals – Champion, Runner-up, and Semi-Finalists Champion Team Award Runner-Up Team Award **Due to TAAF Rules, 5U & 13U age groups will be a different awards package**				
JERSEYS:	Same color jersey with non-duplicating numbers including at least an 6-inch number on the back. The number on the front is recommended but not mandatory. Any shorts or pants worn must not have pockets . Any shorts or pants that have striping, piping or a design that camouflages a player's flags or flag belt will not be allowed.				
EQUIPMENT:	Teams are expected to provide their own footballs. TAAF will provide the flag belts and teams will be required to use.				





Hotel Info

- 1. SpringHill Suites by Marriott 2544 Southwest Blvd.San Angelo, Texas 76901 (325) 949-6900
- 2. Courtyard by Marriott San Angelo 2572 Southwest Blvd, San Angelo, TX 76901 (325) 703-6400
- AmericInn by Wyndham San Angelo 2580 Southwest Blvd, San Angelo, TX 76901 (325) 718-2306
- 4. Residence Inn by Marriott San Angelo 2545 Southwest Blvd, San Angelo, TX 76901 (325) 949-6617
- Home2 Suites by Hilton San Angelo 2569 Southwest Blvd, San Angelo, TX 76901 (325) 942-9012
- Candlewood Suites San Angelo TX, an IHG Hotel 4587 W Houston Harte Expy, San Angelo, TX 76901 (325) 947-9400
- Pearl On The Concho SureStay Collection By Best Western 333 Rio Concho Dr, San Angelo, TX 76903 (325) 653-4500
- Clarion Hotel San Angelo near Convention Center 441 Rio Concho Dr Building A, San Angelo, TX 76903 (325) 658-2828





STATE TOURNAMENT ENTRY FORM

Entry fee, entry form, certified team roster, and a copy of each player's birth certificate must be received by:

It is the coach's responsibility to ensure The City of Sam Angelo has received your entry by the deadline!

Team Name:					
TAAF Member (City/League Re	cord:			
Head Coach:					
Address:					
Daytime Phone/C	Cell:				
Email Address: _					
Age Group:	5U	7U	9U	11U	13U
Form of	Payment:	□CASH	□CHECK	□MON	EY ORDER
Make checks paya All checks requir		San Angelo" ense # AND Date of	f Birth		
Driver's License N	Number		Date of Birth_		
	Mail, er	City of San Angel Attn: Rodr 702 S.	istration form and o – TAAF Flag Footh ick Mayberry Jr Chadbourne lo, Texas 76903		
	CALL 325-657	-	yment by Visa, Mass yberry@cosatx.us	tercard, or Discov	ver
		Office	e Use Only		
Paid	Not	Paid (Guarantee I	Form)	_	
City of San	Angelo Parks &	Recreation		(325) 657-	4450



Date Paid



Amount \$_____ Payment Method _____ STATE TOURNAMENT GUARANTEE FORM

This form is to be used only by teams that will not have payment by registration deadline. This form should be completed and sent by your local TAAF representative no later than November 7, 2023. Teams are still responsible for turning in their certified TAAF rosters and player's birth certificates by the deadline!

It is the coach's responsibility to ensure The City of San Angelo has received your entry by the deadline!

Team Name:					
TAAF Member Ci	ty/League Record	d:			
Head Coach:					
Address:					
Daytime Phone/Ce	11:				
Email Address:					
Age Group:	5U	7U	9U	11U	13U
		Gua	arantee by:		
TAAF Region:		TAAF Membe	r City:		<u>.</u>
TAAF Representat	tive Name: (Pleas	se print)			
TAAF Representat	tive Title:				
TAAF Representat	tive Signature:				
Phone:]	Email:		





PLEASE NOTE: By submitting this form to the tournament host city, you are guaranteeing that this team will attend the tournament and that the entry fee will be paid <u>BEFORE</u> play begins.

PROTEST FORM

Team Name:			
Coach's Name:			
Game Site:	Game	e Time:	_
Officials:			_
Describe the call/action being prote	sted:		
Ruling of Protest Committee:			
Date & Time Protest Filed:			
Received by:			_
Fee Paid:	_ (\$75 cash only)		