



Sponsored by AYSO Region 15 - Central Torrance

AYSO Armed Forces Day Tournament May 17-18, 2025 Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Armed Forces Day Tournament.

The deadline to enter the tournament is **April 30, 2025**. Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings.

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. Team Roster Form signed by your Regional Commissioner.

Roster Notes:

- Alternatively, an AYSO registration system roster form will be accepted, however it must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner.
- Roster changes will be allowed up until the evening of May 15th; after that, no roster changes. All roster changes must be approved by your Regional Commissioner.
- Rosters must be comprised solely of players who were registered and played in the AYSO 2024 primary fall program. No United or Alliance teams will be accepted at this time.
- 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 must sign the roster.
- 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).
4. A single region 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	\$600	\$350	\$950
	12U	\$550	\$350	\$900
	10U	\$500	\$350	\$850

Send your completed application and regional check to:

Attn: Tournament Treasurer
AFD Tournament
P.O. Box 11423
Torrance, CA 90503

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 before **April 30, 2024** 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 can be obtained by visiting our website at www.region15afd.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: Denise Zagala

E-mail: afd@ayso15.org

Web site: www.ayso15.org



Application Date: _____

Section: Area: Region #: Region Name:

Team Name: _____

Age Division:	U8	U10	U12	U14		BOYS	GIRLS	COED
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Contact Information

Coach Name:	Asst. Coach Name:
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E-mail:	E-mail:
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Mailing Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Evening Phone Number: _____ Evening Phone Number: _____

Emergency Phone Number:	Emergency Phone Number:
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AYSO ID#: _____ AYSO ID# _____

Training Level: _____ Training Level: _____

Safe Haven Date: _____ Safe Haven Date: _____

Shirt Size: XS S M L XL XXL XXXL

Team Rating Criteria:

1) We are an All Star/Select Team EXTRA Team Recreational Team

2) We are an Allstar/Select Team, one of	teams in this age division from our region.	Yes	No
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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, 2025, 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 the second day. 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 AYSO Armed Forces Day Tournament. 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 (in red or blue ink only, please)

Email: _____ Best Phone: _____

Best Phone:

The Referee Refund Check should be mailed to:

AYSO Region # and City Name

Send Check to Treasurer:

Mailing Address:

City / State / Zip