



2026 AYSO KIRK BANKS TOURNAMENT
Application Form
DUE: FEBRUARY 17, 2026



Application Date: _____ Section: ___ Area: ___ Region: _____

Region Name: _____ 10U: ___ 12U: ___ 14U: ___ 16/19U: ___ B / G
Age Group/Division Circle

10U,12U,14U Level: _____ Gold, Silver, Bronze 16/19U Level: Div.1: _____ Div. 2: _____
Div. 1 = 51% U19 players Div. 2 = 51% U16

CONTACT INFORMATION

Coach: _____ Asst Coach: _____

Email Address: _____ Email Address: _____

Cell Phone: _____ Cell Phone: _____

REQUIRED TRAINING FOR ALL COACHES

Coach Certification Level: _____ Coach Certification Level: _____

Certification Date: _____ Certification Date: _____

Safe Haven Certification Date: _____ Safe Haven Certification Date: _____

Concussion Awareness Date: _____ Concussion Awareness Date: _____
 or or
 HCAMP Completion Date: _____ HCAMP Completion Date: _____

Sudden Cardiac Awareness Date: _____ Sudden Cardiac Awareness Date: _____

Safe Sport Training MY2024: _____ Safe Sport Training MY2024: _____

As the coach/coaches of the above team, I/we acknowledge that we have read the 2025 KBT Rules and Regulations and will follow them. I/we also acknowledge and understand the need to provide a qualified referee team. **A completed referee commitment form must be returned by March 10, 2026**

 Coach Signature

 Assistant Coach Signature

REGIONAL COMMISSIONER APPROVAL

I verify that the Coach and Assistant Coach are certified AYSO Coaches and have my permission to participate in the 2026 Kirk Banks Tournament.

 Regional Commissioner Signature

Date: _____

 Tournament Staff only

Date Paid: _____ Pmt. Amt: _____ Notes: _____