



2026 PATRIOT CUP – Tournament Application

March 14-15, 2026



AYSO Region #: _____		Region Name: _____		Coach Last Name: _____	
Uniform Color: _____		Team Name: _____			
Age Division:	16U <input type="checkbox"/>	19U <input type="checkbox"/>	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	

Coaches Information-PLEASE type or print CLEARLY	Asst. Coaches Information-PLEASE type or print CLEARLY
Name (legal): _____	Name (legal): _____
AYSO ID# _____	AYSO ID# _____
Coach Certification Level: _____	Coach Certification Level: _____
Coach E-mail _____	Best team contact E-mail _____
Best Coach contact phone # (_____) _____	Best team contact phone # (_____) _____

Team Rating Criteria-Please answer ALL Questions 1 thru 8 as honestly as possible, this will help us balance the pools.

- 1.) We consider our team to be _____ Choose from below (a-d)
 - a.) All-Star team – chosen as the “best” players in their division.
 - b.) EXTRA League team - chosen by try-outs and played in the Sections 2025 Fall Extra League Program.
 - c.) Tournament/Select team- chosen by try-outs and/or based on skill.
 - d.) Tournament/Select team- balanced by the Region.
- 2.) Considering 2025 Fall season (During and/or After) how many players played on
 an All-Star team? _____ an Extra team? _____ United team? _____ “Club” team? _____
- 3.) How many players do you have in each of the following categories? Account for each player on your team.
 _____ Exceptional players will be a deciding factor on a win or loss - their absence would definitely have a negative impact on the team.
 _____ Average players will contribute to a win more times than not - their absence may have a negative impact on the team.
 _____ Less than Average players do not contribute to a win - their absence most likely will not have a negative impact on the team.
- 4.) If your region has more than one tournament team in your division, where does your team rank? _____ of _____ teams.
- 5.) Please check next to all of the programs your region has available in your division: • All-Stars • Extra • United
- 6.) Rate your team's ability on a scale between 1-10. 1(low), 5 (average) and 10 (high) _____
- 7.) Is your team preparing to be a United team next Fall 2026? yes _____ no _____
- 8.) List all tournaments that you have attended or plan to attend. Please include placement and results, Region and Coach names are very helpful when we are comparing teams performances. Scoreboards welcome. Use an additional paper if needed.

NOTE: You will be asked for an updated rating and tournament history about 30 days before the tournament.

Roster- The only acceptable roster for the Patriot Cup must be from **Infinity Sports** and sorted in **Jersey order** and signed by the team's RC. (Excel and Sports Connect are not accepted) Rosters must show the Coach and Asst. Coach both certified at the level of the team that they are coaching. **By signing the roster the RC verified that the coaches are: registered volunteers, Safe Haven, Concussion, SCA, Safe Sport, and Live Scanned cleared.** Max Number of players: 16 and 19U divisions - 20 players maximum on roster

Regional Commissioner Approval: Yes, the above team has my permission to attend the Patriot Cup Tournament.

Print Name

RC Signature (any color but black, please)

RC Email: _____

RC Best Phone: _____

Print Clearly

Yes, I have read the tournament rules and I promise to abide by them, Head Coach Signature _____

Registration Questions? Email aysoad10e@gmail.com or visit our website www.ayso10e.org

MAIL COMPLETE APPLICATION & CHECK to: Patriot Cup 5246 Indian Hills Dr Simi Valley, CA 93063



2026 PATRIOT CUP – Guest Player Form

ONLY to be used when Borrowing players from a Region other than your own.



All players from with-in your region MUST be on the approved roster

Borrowing Team Information:

Roster Date:

Region: _____ Region Name: _____				
Coach Name: _____				
Age Division:	16U	19U	Boys	Girls

Patriot Cup rules allow teams to bring up to 3 "Guest Players" when they are unable to recruit sufficient players from their own region. These Guest Players must be registered in AYSO for the 2024 Membership year.

(List In Order By Uniform Shirt No.)

Shirt #	Region #	Player ID #	Player's Name Last, First (please print)	Age	Date of Birth	Telephone Including Area Code

By my signature below, I certify that all players on this roster are valid registered players in my region and are approved to join the above team and participate in this tournament:

Guest Player(s) Regional
Commissioner:

Print Name

Signature (Red or Blue Ink)

Email: _____

Best
Phone: _____

By my signature below, I approve that these _____ (number of players) guest players are approved to join the above team and participate in this tournament:

Host Team Regional
Commissioner:

Print Name

Signature (Red or Blue Ink)