



2026 Mike Marks Mission Classic Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Area 10V Mike Marks Mission Classic.

The deadline to enter the tournament is **April 19, 2026 for 10U-14U** and **April 26, 2026 for 16U-19U**. 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:

- Blue Sombrero Roster form will **ONLY** be accepted, it must include the names and certifications of the Head Coach and Assistant Coach and be signed by your Regional Commissioner.
- Roster changes will be allowed up until Team Check-in; 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 2025 primary program.
- 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:

16U/19U	22 players max	11-v11 play
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 payable to Area 10V 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
	10U	\$550	\$350	\$900
	12U	\$600	\$350	\$950
	14U	\$650	\$350	\$1000
	16U	\$675	\$350	\$1025
	19U	\$675	\$350	\$1025

Send your completed application and regional check to: 2026 Mission Classic
C/O Kim Soderstrom
6077 Madera Drive
Woodland Hills, CA 91367

Please do not send Certified Mail or Signature Required

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 your application 30 or more days from the start of the tournament, 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.ayso10v.org/MC2026

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: Frank Gallucci

E-mail: MCTourney.10V@gmail.com / Web site: www.ayso10v.org/MC2026



2026 Mike Marks Mission Classic Team Application Form



Application Date: _____

Section: _____ Area: _____ Region #: _____ Region Name: _____

Team Name: _____

Age Division: 10u 12u 14u 16u 19u Boys Girls Coed

Contact Information

Coach Name: _____ Asst. Coach Name: _____

E-mail: _____ E-mail: _____

Mailing Address: _____ Mailing Address: _____

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

Evening Phone Number: _____ Evening Phone Number: _____

Emergency Phone Number: _____ Emergency Phone Number: _____

AYSO ID#: _____ AYSO ID# _____

Training Level : _____ Training Level : _____

Safe Haven Date: _____ Safe Haven Date: _____

Team Rating Criteria:

- 1) We are a United / Extra / All star / Select Team, the only one from our Region. _____ Yes _____ No
- 2) We are a United / Extra / All star / Select Team, one of _____ from our Region. _____ Yes _____ No
- 3) We are a fall primary program team. _____ Yes _____ No
- 4) My team competitive rating between 1 (low) and 10 (high) is _____ _____
- 5) Number of _____ United Players _____ Extra Players _____ All Star Players _____ Core Players
- 6) The average age of our players as of December 31, 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.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the Mission Classic 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: _____

The Referee Refund Check should be mailed to:

AYSO Region # _____

Send Check to Treasurer: _____

Mailing Address: _____

City / State / Zip _____