



Sponsored by AYSO Region 2 Monrovia, CA

1st Annual Clarizio Classico Indoor Torneo

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Region 2 Clarizio Classico Indoor Torneo

The deadline to enter the tournament is March **27th, 2026**. 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 eAYSO 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 48 hours before the tournament start date; 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.
- Player roster limits are as follows:

U-14	12 players max	6-v-6 play
U-12	12 players max	6-v-6 play
U-10	10 players max	6-v-6 play

3. A single region check for the total amount of the Team Entry Fee.

Team fees are:	Age Division	Team Entry Fee
	U-14	\$550
	U-12	\$550
	U-10	\$550

Send your completed application and regional check to:

Region 2 CCIT
PO Box 1144
Monrovia, CA 91017

If accepted, it will be assumed that you intend for your team to play the entire tournament.

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.AYSO2.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:

Eric Sauve – Tournament Director
E-mail tournament@ayso2.org
Web site www.AYSO2.org



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1st Annual Clarizio Classico Indoor Torneo Team Application Form



Application Date: _____

Section:		Area:		Region:		Region Name:	
Team Name:							
Age Division:	B10	B12	B14	G10	G12	G14	

Contact Information					
Coach Name:			Asst. Coach Name:		
Email:			Email:		
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:		
Shirt Size:	AS AM AL AXL AXXL		Shirt Size:	AS AM AL AXL AXXL	

Team Rating Criteria:

- | | | |
|--|-----------|----------|
| 1) We are an Allstar/Select Team, the only one from our Region. | _____ Yes | _____ No |
| 2) We are an Allstar/Select Team, one of _____ teams in this age division 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) The average age of our players as of January 1, 2026 is _____ | _____ | |

Team Head Coach Approval:

Yes, I have read the tournament rules and I promise to abide by them.

Yes, I understand that this is a 3-day tournament and that the medal round games are on the final 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 All-American Tournament. Please report any behavior problems to me immediately.

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 _____