



Sponsored by AYSO Region 121 Simi Valley, California

25th Annual Simi Valley AYSO New Years Tournament

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the 25th Annual Simi Valley AYSO New Years Tournament being held on January 3rd and 4th 2026. (We do not have rain out dates)

The deadline to enter the tournament is **November 30th 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. We still take applications after the due date until the pools are filled.

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. Fill out the ONLINE form New Year's Tournament Interest link found on www.ayso121.org. YOU MUST FILL OUT THE ONLINE FORM! Please include referee names and emails as we use this to contact them once they are approved by the referee administrator.
2. Mail or email the Team Application Form, signed by the Head Coach and the Regional Commissioner.
3. Mail or email the Team Roster from Affinity platform in JERSEY number order signed by your Regional Commissioner.

Roster Notes:

- ☐ Only an Affinity Roster form IN JERSEY NUMBER ORDER will be accepted, it must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner. (this can be brought the day of the tournament if there have been changes as long as it is signed by the RC)
- ☐ 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 composed solely of players who were registered and played in the AYSO 2025 primary or extra season 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 also sign the roster.
- ☐ Player roster limits are as follows:

U-14	15 players max	11-v-11 play
U-12	12 players max	9-v-9 play
U-10	10 players max	7-v-7 play

4. The completed Referee Form signed by your Regional Referee Administrator. All teams must turn in the form.
5. A single Regional check for the total amount of the Team Entry Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U-14	\$500	\$250	\$750
	U-12	\$600	\$250	\$850
	U-10	\$650	\$250	\$900

Send your completed application package and Regional Check to:

AYSO Region 121
c/o Debby Tapia, Tournament Registrar
5246 Indian Hills Dr
Simi Valley, California, 93063
tourndir121@gmail.com

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 and the check to you.

Refunds: if you withdraw your application 30 or more days prior to 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 ayso121.org

Please note that email 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:

Danyelle Ripling (tournament director) 805-358-2685
Debby Tapia (tournament registrar) 805-404-1544
E-mail tourndir121@gmail.com Web site www.ayso121.org

	Sponsored by AYSO Region 121 Simi Valley, California 25th Annual Simi Valley AYSO New Years Tournament Team Application Form	Team Color?

Application Date:					
Section:	Area:	Region #:	Region Name:		
Team Name:					
Age Division:	U-10	U-12	U-14	Boys	Girls
Contact Information					
Coach Name:			Asst. Coach Name:		
Email:			Email:		
Mailing Address:			Mailing Address:		
City/State/Zip:			City/State/Zip:		
Cell Phone Number:			Cell Phone Number:		
Home Phone Number:			Home Phone Number:		
AYSO ID#:			AYSO ID#		
Certification Level:			Certification Level:		
Safe Haven:			Safe Haven:		

Team Rating Criteria:

- | | | |
|--|-----------|----------|
| 1) We are an Allstar/Tournament Team, the only one from our region. | _____ Yes | _____ No |
| 2) We are an Allstar/Tournament Team, one of _____ teams in this age division from our region. | _____ Yes | _____ No |
| 3) We are a Fall regular-season team. | _____ Yes | _____ No |
| 4) We are an Extra or Challenge Team | _____ Yes | _____ No |
| 5) My team's competitive rating between 1 (low) and 5 (high) is _____ | _____ | |
| 6) 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.

Yes, I understand that this is a 2-day tournament.

Coach Signature

Regional Commissioner Approval: Yes, the above team has my permission to attend the 25th Annual Simi Valley AYSO New Years 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's 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 will be mailed to your Regional Treasurer. Please provide the correct address:

AYSO Region # _____

Send Check to Attention of: _____

Mailing Address: _____

City / State / Zip _____