



Sponsored by AYSO Region 19 Culver City, California

## AYSO Screenland Classic XXIII

### Team Application Form



#### Application Instructions

Applications are now being accepted for entrance into the AYSO Screenland Classic XXII.

The deadline to enter the tournament is **February 20<sup>th</sup>, 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 first served basis, based on a completed application **and** referee crew. To be considered complete, your application **must include all 4 of the following:**

1. Team Application Form, signed by the Head Coach **and** the Regional Commissioner.
2. AYSO Official E4 Team Roster Form signed by your Regional Commissioner.

#### Roster Notes:

- **Only an Official e4 Roster with Jersey numbers will be accepted.** Handwritten Rosters will **not** be accepted.
- Roster changes will be allowed up until March 6<sup>th</sup>, 2026, and must be **received** by the Tournament Registrar in writing (email ok for roster changes only). All roster changes must be approved and signed by your Regional Commissioner. **There will be no roster changes the day of the games.**
- Rosters must be comprised solely of players who were registered and played in the AYSO FALL 2025 primary program.
- Up to **2** guest players may be added from a neighboring AYSO Region. In this case, the guest player's Regional Commissioner **and** your Regional Commissioner must sign the Guest Player Form.
- Player roster limits are:

U-19/U-16	18 players max	11-v-11 play
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

3. The completed Referee Form signed by your RRA for 10U-14U or your ARA for 16U-19U. If you're not planning to bring referees, just check the box on the Referee Form and return it without the ARA or RRA signature. Please note that teams that bring qualified referees will be given priority of acceptance.
4. A single Region Check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Payable to: **AYSO Region 19 Screenland Classic**

Team fees are	Age Division	Team Entry Fee	Referee Fee	Total Fee
	U16/U19	\$650	\$300	\$950
	U14	\$600	\$300	\$900
	U12	\$575	\$300	\$875
	U10	\$550	\$300	\$850

Send your completed application and regional check to:

**Tournament Registrar  
Screenland Classic  
2062 W 30<sup>th</sup> Street  
Los Angeles, California, 90018**

**DO NOT USE FEDEX as there is no one at the office to sign for packages.**

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). **Rain Dates May 23<sup>rd</sup> – May 24<sup>th</sup>, 2026.**

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 fee to you within 48 hours of your request.

**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.ayso19.com](http://www.ayso19.com).

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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows: E-mail [R19classic@yahoo.com](mailto:R19classic@yahoo.com) Website [www.ayso19.com](http://www.ayso19.com)



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### Team Application Form



Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ U-19 \_\_\_\_\_ Boys \_\_\_\_\_ Girls

#### Contact Information

Coach Name: _____	Asst. Coach Name: _____
E-mail: _____	E-mail: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Best Phone Number: _____	Best Phone Number: _____
Training Level: _____	Training Level: _____
Shirt Size: AS AM AL AXL AXXL	Shirt Size: AS AM AL AXL AXXL

Team Manager: \_\_\_\_\_ Team Manager Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Team Rating Criteria:

- 1) We are an Allstar/Extra/Select Team, the only one from our Region.  Yes  No
- 2) We are an Allstar/Extra/Select Team, 1 of \_\_\_\_\_ teams in this age division from our Region.  Yes  No
- 3) My team competitive rating between 1 (low) and 10 (high) is \_\_\_\_\_
- 4) The average age of our players as of January 1, 2024 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. 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 Screenland Classic XXIII 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: \_\_\_\_\_