



Sponsored by AYSO Region 37 Corona/Norco, California

2026 AYSO Pony Express Tournament

Team Application Form

Application Date: _____ Team Name: _____

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

Age Division: 10U _____ 12U _____ 14U _____ 16U _____ 19U _____ Boys _____ Girls _____ Co-ed _____.

Team Level: Core _____ All/Stars _____ Spring Select _____ Tournament _____ Extra _____ Club _____.

Coach Information:

Name: _____ Email: _____

Mailing Address: _____

Evening Phone: _____ Emergency Name/Phone: _____

AYSO ID#: _____ Training Level: _____ Safe Haven Date: _____

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

_____ Yes, I understand this is a 2/4-day tournament and that the medal round games are on the 2nd/4th day. I will notify you that I will NOT be able to complete the tournament.

Signature: _____

Assistant Coach Information:

Name: _____ Email: _____

Mailing Address: _____

Evening Phone: _____ Emergency Name/Phone: _____

AYSO ID#: _____ Training Level: _____ Safe Haven Date: _____

Regional Commissioner: Yes, the above team has permission to attend the 2016 Pony Express Tournament. Please report any behavior problems to me immediately. I understand that players from outside my region will need approval as well from the guest player's regional commissioner. I hereby approve the addition of ____ guest players for this team.

Name: _____ Signature: _____

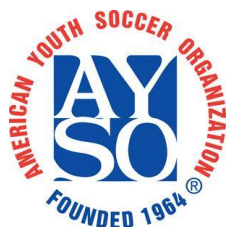
Email: _____ Phone: _____

Referee Check Refund Information:

AYSO Region #: _____ Treasurers Name: _____

Mailing Address: _____

City / State / Zip: _____





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Referee Information Form

I plan to bring a referee team to the tournament Yes/No: _____

Form Date: _____ Coach's Name: _____

Region: _____ Team Name: _____

Age Division: 10U _____ 12U _____ 14U _____ 16U _____ 19U _____ Boys _____ Girls _____ Co-ed _____.

Referee Contact Person:

Name: _____ Email: _____

Day Phone: _____ Night Phone: _____

Badge Level - R = Regional, I = Intermediate, A = Advanced, N = National
Provide the highest level they are competent to referee (e.g. 10U, 12U, 14U, etc.)

| Referee Name | Badge Level | Certification Date | Referee | | AR | | Email |
|--------------|-------------|--------------------|---------|-------|------|-------|-------|
| | | | Boys | Girls | Boys | Girls | |
| | | | | | | | |
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By my signature below, I certify that all the referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating 10U through 19U games as indicated above.

Regional Referee Administrator (Blue Ink Please):

Name: _____ Email: _____

Signature: _____ Phone: _____ Date: _____

