



Sponsored by AYSO Region 47 Riverside, California

31st Annual Region 47 Riverside Locomotion Tournament Team Application Form

Application Instructions

Applications are now being accepted for entrance into the 31st Annual Region 47 Riverside Locomotion Tournament.

The deadline to enter the tournament is **January 16, 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 based on a completed application and referee crews. To be considered complete, your application must include all 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:

- Only an Official Team Roster with Jersey numbers will be accepted. Hand written Rosters will not be accepted.
- 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 program.
- 3 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 as follows:

U-19	22 players max	11-v-11 play
U-16	22 players max	11-v-11 play
U-14	22 players max	11-v-11 play
U-12	18 players max	9-v-9 play
U-10	14 players max	7-v-7 play

3. The completed Referee Form signed by your Regional Referee Administrator.
4. You may make a payment online or you can mail a single region check 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
	U-19	\$700	\$350	\$1050
	U-16	\$700	\$350	\$1050
	U-14	\$650	\$350	\$1000
	U-12	\$625	\$350	\$975
	U-10	\$575	\$350	\$925

- NOTE: Those who choose to pay online please note that payment will be processed through a 3rd party company and you will be charged a service fee.

Send your completed application and regional check to:

AYSO Region 47
Riverside Locomotion
PO Box 2308
Riverside, CA 92516

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.ayso47.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 once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Gabe Gutierrez
E-mail Locomotion@gmail.com
Web site www.ayso47.org



31st Annual Region 47 Riverside Locomotion Tournament Tournament 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 _____ Coed

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# _____

Certification Level: _____ Certification 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 All-star/Tournament team, the only one from our region. Yes No
2. We are an All-star/Tournament team, one of _____ teams in our division from our region Yes No
3. We are a spring select team, the only one from our region Yes No
4. We are a spring select team, one of _____ teams from our region
5. We are an EXTRA team whose core players have been playing together for _____ SEASONS
6. My team competitive rating between 1 (low) and 10 (high) is _____
7. My region does not balance teams and we are rated A, B, C (A=highest) relative to other teams from our region _____

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 may be a 4-day tournament and that the medal round games are on Monday. 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. 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 Attention of: _____

Mailing Address: _____

City / State / Zip _____