



Sponsored by AYSO Region 13 Pasadena/Altadena/La Canada, California

2025 Region 13 Thanksgiving Tournament

Nov 28, 29 & 30

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the AYSO Region 13 Thanksgiving Tournament.

The deadline to enter the tournament is **Friday November 14, 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.

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 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 comprised solely of players who were registered and are playing in the AYSO 2025 fall core program, i.e., MY25.
- Up to 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-14	16 players max	11-v-11 play
U-12	14 players max	9-v-9 play
U-10	11 players max	7-v-7 play

3. The completed Referee Form signed by your Regional Referee Administrator (if you're not planning to bring referees, just check the box on the Referee Form and return it without the RRA signature).
4. 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-14	\$500	\$300	\$800
	U-12	\$475	\$300	\$775
	U-10	\$450	\$300	\$750

Send your completed application and regional check to:

Tournament Director
Region 13 Thanksgiving Tournament
711 W. Woodbury Road, Unit E
Altadena, CA 91001

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 21 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 <https://ayso13.org/tournament/>

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:

Patrick Shopbell (626) 627-6219
E-mail td@ayso13.org
Web site <https://ayso13.org/tournament/>

	2025 Region 13 Thanksgiving Tournament Nov 28, 29 & 30 Team Application Form	
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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: _____ E-mail: _____ Mailing Address: _____ City/State/Zip: _____ Best Phone Number: _____ Training Level: _____ Shirt Size: AS AM AL AXL AXXL	Asst. Coach Name: _____ E-mail: _____ Mailing Address: _____ City/State/Zip: _____ Best Phone Number: _____ Training Level: _____ Shirt Size: AS AM AL AXL AXXL
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Team Manager: _____ Cell Phone: _____	Team Manager Email: _____
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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, 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 3-day tournament and that the medal round games are on the third 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 Region 13 Thanksgiving 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: _____