



Sponsored by AYSO Region 136, Fontana CA

## Fontana AYSO 2026 Speedway Classic Team

### Application Form

AYSO INVITATIONAL

April 10 - April 12, 2026



### Application Instructions

Applications are now being accepted for entrance into **Fontana AYSO 2026 Speedway Classic**

The deadline to enter the tournament is **March 20, 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 with Jersey numbers will be accepted. Handwritten 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 played in the AYSO MY2025 primary program.
- 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-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 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-16	\$650	\$325	\$975
	U-14	\$625	\$325	\$950
	U-12	\$600	\$325	\$925
	U-10	\$575	\$325	\$900

Send your completed application and regional check to:

**Full Application ( Roster, Application, Referee Form, Guest Player form) with all forms signed and Check must be send together for full team acceptance. Checks Made to: American Youth Soccer Organization**

Tournament Registrar  
Fontana Speedway Classic 2026  
5353 Blue Ridge Way  
Fontana, CA 92336

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.AYSO136.org](http://www.AYSO136.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:

Victor Ayala  
E-mail [aysospeedway@gmail.com](mailto:aysospeedway@gmail.com)  
Web site [www.AYSO136.org](http://www.AYSO136.org)



# Fontana AYSO 2026 Speedway Classic

## April 10th -12th 2026

### Team Application Form



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

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

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

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

#### 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, 2026 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 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 Treasurer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_