

27th Annual PANTHER SHOOTOUT Tournament

Team Application Form



Application Instructions

Applications are now being accepted for entrance into the Panther Shootout Tournament on Friday/Saturday. November 28-29, 2025. Teams will be accepted based on the needs of the Tournament. AYSO United teams will not be accepted.

All teams that have submitted an application AND registration fee will be notified 30 days prior to the tournament of their status and any applications received after that date will be notified within 72 hours of their status.

To be considered complete, your application must include <u>all</u> of the following:

- 1. Team Application Form, signed by the Head Coach and the Regional Commissioner.
- 2. A team roster. Only SportsConnect rosters will be accepted! Roster Notes:
 - a. It must include the names of the Head Coach and Assistant Coach, and must be signed by your Regional Commissioner.
 - b. Rosters must include jersey # and be sorted in jersey number order to match game cards.
 - c. Roster changes will be allowed up until team check-in on the first day of the tournament; 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 season program.
 - e. Up to 3 guest players may be added to your roster from a neighboring AYSO region. In this case, each guest player's Regional Commissioner must also sign the roster.
 - f. Player roster limits are as follows:

| 14U | 15 players max | 11-v-11 play |
|-----|----------------|--------------|
| 12U | 12 players max | 9-v-9 play |
| 10U | 10 players max | 7-v-7 play |

- 3. Teams must submit a Referee Nomination Form that must be signed by your Regional Referee Administrator.
- 4. A Regional check for the total amount of the Team Entry Fee. Team fees are:

| Age Division | Team Entry Fee | Referee Fee | Total Fee |
|--------------|----------------|-------------|-----------|
| 14U | \$650 | \$225 | \$875 |
| 12U | \$600 | \$225 | \$825 |
| 10U | \$550 | \$225 | \$775 |

Send your completed application and Regional Check to:

Tournament Director Panther Shootout Tournament P.O. Box 709 Newbury Park, CA 91319-0709

If accepted, it will be assumed that you intend for your team to play the entire tournament, including playing on the rainout alternative date in the event that becomes necessary. The rainout date is Sunday, November 30th. 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.

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, a refund will be issued only if a replacement team can be found, less administrative costs for registration of the replacement team.

All information about the tournament can be obtained by visiting our website at panthershootout.avsoregion42.org

Please note that email and the internet will be the primary means of communication for this tournament.

We will send information via email newsletter once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

Tournament Director: Alex Timen

E-mail: tournament.director@aysoregion42.org **Website:** panthershootout.aysoregion42.org



Email: _____

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|---|---|--------------------|--------------|----------------------|--|----------|--|--|--|
| Application Dat | e: | | | | | | * | | |
| Section: (e.g., 10) | | Area: (e.g., E) | | | Region Number & Name: (e.g., 42 - Newbury Park) | | | | |
| Team Name: | | | | | | | | | |
| Age Division: | ☐ 10U | ☐ 12U | ☐ 14U | Gender: Boys | | | Girls | | |
| Contact Information | | | | | | | | | |
| Coach Name: | | | | | Asst Coach Name: | | | | |
| Email: | | | | | Email: | | | | |
| Mailing Address | s: | | | Mailing Address: | | Address: | | | |
| Cell Phone: | | | | | Cell Phone: | | | | |
| Emergency Contact: (name and phone) | | | | | Emergency Contact: (name and phone) | | | | |
| AYSO ID: | | | | | AYSO I | D: | | | |
| Certification Le | vel: | | | Certification Level: | | | | | |
| Safe Haven Da | Safe Haven Date: Safe Ha | | aven Date: | | | | | | |
| Region address | for referee o | deposit refund: | | | | | | | |
| Team Head Coa | | • | | | | | | | |
| I have read the Panther Shootout Tournament rules in their entirety and agree to abide by them. I understand that failure to do so may result in my team being disqualified from the tournament. I also commit to returning on the alternate rain date(s) should the tournament be rescheduled due to inclement weather, etc. | | | | | | | | | |
| Coach Signature | e: | | | | | | | | |
| Regional Comm | nissioner A | pproval | | | | | | | |
| | immediately | . I understand t | | | | | ament. Please report any behavior rs) will need additional approval from the | | |
| I hereby approve | the additio | n of gue | st players f | or this team. | | | | | |
| Print name: | Print name: Signature (red or blue ink only): | | | | | | y): | | |

Phone: