2008 CYSA D6 METRO LEAGUE TEAM APPLICATION

ONLY LEGIBLE AND COMPLETE APPLICATIONS WILL BE ACCEPTED

DUE ON OR BEFORE JUNE 4, 2008

***Team Name:** ***U -** ☐ **Boys** ☐ **Girls**

(Name can only be a 15 characters with spaces)

***Club Name:** ***League Name:**

***Home Field:**

***Coach:** ***Home Phone: ( )**

Last, First

***Address:**

Street City Zip

***Years Coaching:** ***License Level:** **E-Mail:**

***Assistant Coach:** ***Home Phone: ( )**

Last, First

***Team Contact:** ***Home Phone: ( )**

Last, First

(If other than Coach or Assistant Coach)

***Email:**

(EACH TEAM IS REQUIRED TO PROVIDE AN EMAIL ADDRESS FOR LEAGUE COMMUNICATION)

1. **What was team's previous name (if other than above)?:**
2. **2007 season - This team played:** ☐ **Recreational** ☐ **Select** ☐ **Competitive**
3. **How many players in core group?:**
4. **How many years has core group played together?:**
5. **How many of the players participated in a Division IV:** **Division III:** **Division I:**
   team during the 2007 season.

ROSTER MUST BE COMPLETED/NOT ATTACHED

*Player's Name	*DOB	*Age on 7/31
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

2007 League Record

☐ **Metro** ☐ **Rec**

Division:

Age Group:

Win:

Loss:

Tie:

2007 Tournament Play Record

Win:

Loss:

Tie:

Total:

***Desired 2008 Division**

☐ **Higher** (Older, more experienced players)

☐ **Middle** (Mix of older/younger and experienced/less experienced players)

☐ **Lower** (Younger, less experienced players)

HEAD COACH or ASST. COACH ARE REQUIRED TO BE CURRENTLY CERTIFIED USSF GRADE 8 (MINIMUM) REFEREE.

***Signatures:**

Coach: _____

League President: _____

METRO Representative: _____

*** This Application Will Not Be Accepted Without the Above Required Information and Signatures**

Head or Asst. Coaches Referee Certification Must Be Attached