

**CYSA District 5
DIVISION 3 TEAM REGISTRATION
2008-2009 Season**

**PLEASE PRINT LEGIBLY AND SUBMIT ORIGINAL FORM
(NO FAXES OR PHOTO COPIES!)**

League Name (no initials, please): _____

Team Name: _____

Team Gender: Boys: _____ Girls: _____

Circle One: Mixed Age Team: U10 U12 U14 **U16*** **U19***
Age Pure Team: U11 U12 U13 U14 U15

**U16 Boys, U16 Girls and U19 Boys teams have the option of playing Fall, Summer/Winter, or BOTH sessions.*

Specify your preference:

Fall Playing League Only* _____ *Summer/Winter Playing League Only* _____ *BOTH Playing Leagues

TEAM CONTACT INFORMATION:

Note: Please put an asterisk (*) next to the ONE person (below) that you want listed on the game schedule. This person will be the main team contact throughout the soccer season. That person's name, phone number and email address will be published on game schedules, which are distributed to all of the teams in the flight.

PLEASE PRINT LEGIBLY

Coach Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Asst. Coach Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Other Team Contact: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

As Division 3 Coach for the above team, I understand that my team may be expected to travel anywhere within District 5 for scheduled league games. Players' families are all aware of and understand the need to travel. I agree to abide by all District 5 Playing League rules (see playing league rules on district website: www.cysadistrictv.com).

Coach Signature: _____ Date: _____

Note: If coach is unavailable, assistant coach may sign this form.

Coordinators may NOT sign this form.