

Central Maryland Soccer Association, Inc.

OPEN LEVEL TRAVEL LEAGUE FOR TEAMS USSF AFFILIATED THRU
US CLUB SOCCER & THE SOCCER ASSOCIATION FOR YOUTH

Standard League Team Application Form (ONEFORM PER TEAM)

What is your team applying for?			
<input type="checkbox"/> SATURDAY LEAGUE (FALL ONLY)		<input type="checkbox"/> SUNDAY LEAGUE	
Club/Program Name:		Last year's level of play 1(A) 2(B)	Last year's record W L T
Team Name:			
Single Age: Under _____	Girls <input type="checkbox"/> Boys <input type="checkbox"/>	Requested Level of Play ___ 1(A) ___ 2(B) ___ 3(C)	
Team Contact Information (must match affiliated roster)			
Head Coach:			
Street Address:			
City:	State:	Zip:	
Phone (H):	(W):	(C)	
E-mail:			
Asst. Coach			
Phone (H):	(W):	(C):	
E-mail:			
Team Manager			
Phone (H):	(W)	(C)	
E-mail:			
IN ORDER TO HAVE YOUR FIELD INCLUDED IN THE SCHEDULE FOR HOME GAMES, YOUR COMPLETED FIELD ALLOCATION FORM MUST BE TURNED IN AT THE LEAGUE'S PRESEASON MEETING. ALL TEAM BYE REQUESTS MUST BE TURNED IN AT THE SAME MEETING			
Field Coordinator:			
Phone (H):	(W):	(C):	
E-mail:			

I, the authorized representative of the aforementioned team/program, agree on behalf of the team to abide by the rules of the Association and accept all decisions as set forth by the Management Committee and the Association's Ethics Board.

SIGNATURE _____ DATE _____
HEAD COACH

Please return completed Application Form to the CMSA Office prior to the Registration Deadline. Stamped approved rosters need to be on file in the CMSA office prior to your first game.

Official League Use Only	
Date Received:	
Fee Paid:	
Bond Paid:	
Field Permit on File	
Action:	