

TEAM INFORMATION APPLICATION Fall 08

Please Type or Print Legibly

Team Name _____ Age Group U- _____

Home Association _____ Registrar _____

Jersey Color _____ Alternate Color _____

	Coach	Assistant Coach	Manager
Home Phone			
Work Phone			
Cell Phone			
Email Address			

Coach's Other Teams:

Club Website _____ Club Address _____

Club Phone _____ Club Fax _____

	Club President	Club Coaching Director	Club Treasurer	Other Team/Club Contact
Name				
Address				
City, Zip Code				
Phone				
Email Address				

I pledge that _____ is dedicated to playing in the Fall and Spring season of the PPL.

(Team name)

If _____ forfeits more than two games through out the entire soccer year, they will not be

(Team name)

invited to the Premier League for a minimum of one year.

(Coaches Signature)

(Managers Signature)