

Team Information* Club Name * Team Name * Home Jersey Color * Visiting Jersey Color * Team Age * Gender * Competition Level * State Cup * Interleague Play * New team to soccer **Team Manager/Primary Contact**First Name * Last Name * Email Email 2 Address City State ZIP * Home Phone Work Phone * Cell Fax **Coach**First Name Last Name Email Email 2 Address City State ZIP Home Phone Work Phone Cell Fax **Pertinent Comments in placing your team in an appropriate division****Please select a maximum of two No Play Dates**

| Date | Available | Not Available | Date | Available | Not Available |
|------------|----------------------------------|-----------------------|------------|----------------------------------|-----------------------|
| Sat Sep 11 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Sep 12 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Sep 18 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Sep 19 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Sep 25 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Sep 26 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Oct 2 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Oct 3 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Oct 16 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Oct 17 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Oct 23 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Oct 24 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Oct 30 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Oct 31 | <input checked="" type="radio"/> | <input type="radio"/> |
| Sat Nov 6 | <input checked="" type="radio"/> | <input type="radio"/> | Sun Nov 7 | <input checked="" type="radio"/> | <input type="radio"/> |

Save and proceed to checkout