

SOCA - SKYLINE CLUB SOCCER LEAGUE

SEASONAL COMMITMENT FORM CLASSIC DIVISION TEAMS SPRING 2017

(Please return one form for each team along with the league fees-\$400 per team)

CLUB NAME _____

TEAM NAME _____

AGE GROUP _____ GENDER _____

COACH CONTACT

NAME: _____

PHONE # (H) _____ (W) _____ (C) _____ (F) _____

MAILING ADDRESS _____

EMAIL _____

MANAGER CONTACT

NAME: _____

PHONE # (H) _____ (W) _____ (C) _____ (F) _____

MAILING ADDRESS _____

EMAIL _____

LIST FOUR DAYS MAXIMUM (IF ANY AT ALL) THE TEAM IS UNAVAILABLE TO PLAY DURING THE REGULAR LEAGUE SEASON, (AFTER FEBRUARY, BEFORE JUNE 4TH), YOU DO NOT NEED TO LIST EASTER WEEKEND, NO GAMES WILL BE SCHEDULED ON THIS WEEKEND.

IS THIS TEAM PLAYING STATE CUP? YES NO

USE THIS SPACE TO DESCRIBE THE QUALITY OF THIS TEAM.
