

**SOCA
SKYLINE CLUB SOCCER LEAGUE**

**SEASONAL COMMITMENT FORM
CLASSIC DIVISION TEAMS
FALL 2017**

(Please return one form for each 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 LABOR DAY, BEFORE THANKSGIVING) INCLUDING COLUMBUS DAY WEEKEND IF APPLICABLE.

IS THIS TEAM PLAYING STATE CUP? YES NO

USE THIS SPACE TO DESCRIBE THE QUALITY OF THIS TEAM.

