

**SOCA
SKYLINE CLUB SOCCER LEAGUE**

APPLICATION FOR MEMBERSHIP

I. GENERAL CLUB INFORMATION

CLUB NAME: _____ **YEAR CLUB FOUNDED:** _____

GEOGRAPHIC LOCATION: _____

IS YOUR CLUB PRESENTLY A REGISTERED VYSA CLUB IN GOOD STANDING? YES NO

OF RECREATIONAL PLAYERS/TEAMS: ____ / ____ **# OF TRAVEL PLAYERS/TEAMS:** ____ / ____

II. CLUB CONTACT INFORMATION

PRESIDENT

NAME _____
ADDRESS _____

PHONE (W) _____
PHONE (H) _____
PHONE (C) _____
FAX _____
EMAIL (1) _____
EMAIL (2) _____

LEAGUE REP

NAME _____
ADDRESS _____

PHONE (W) _____
PHONE (H) _____
PHONE (C) _____
FAX _____
EMAIL (1) _____
EMAIL (2) _____

COACHING DIRECTOR

NAME _____
ADDRESS _____

PHONE (W) _____
PHONE (H) _____
PHONE (C) _____
FAX _____
EMAIL (1) _____
EMAIL (2) _____

OTHER KEY STAFF **TITLE** _____
NAME _____
ADDRESS _____

PHONE (W) _____
PHONE (H) _____
PHONE (C) _____
FAX _____
EMAIL (1) _____
EMAIL (2) _____

III. GAME FIELD INFORMATION

PRIMARY GAME SITE LOCATION: _____

OF FIELDS AVAILABLE FOR SCSL USE ARE: _____

ARE YOU ABLE TO COMMIT TO PROVIDING ONE FIELD, ALL DAY, FOR EVERY FOUR TEAMS ENTERED IN THE LEAGUE? **YES** **NO**

IS YOUR CLUB ABLE TO MEET THE FIELD SIZE AND QUALITY GUIDELINES DESCRIBED IN THE POLICY AND PROCEDURE SUMMARY? **YES** **NO**

DOES YOUR CLUB OWN OR HAVE FINAL CONTROL OF FIELDS? **YES** **NO**

DOES YOUR CLUB CONTROL FIELD CLOSING DECISIONS, WITH PARTICULAR REGARD TO WEATHER RELATED CLOSINGS? **YES** **NO**

DOES YOUR CLUB CONTROL FIELD MAINTENANCE? **YES** **NO**

PLEASE LIST OTHER USEFUL FIELD INFORMATION: _____

Field inspection notes, for League Use Only:

IV. REFEREE ASSIGNOR

NAME _____
ADDRESS _____
PHONE (W) _____
PHONE (H) _____
PHONE (C) _____
FAX _____
EMAIL (1) _____
EMAIL (2) _____
IS ASSIGNOR USSF CERTIFIED? YES NO

V. COACHING STAFF

HOW MANY CURRENT COACHES WORKING IN YOUR CLUB HAVE ACHIEVED THE FOLLOWING?

USSF LICENSING: A _____ B _____ C _____ D _____ E _____ F _____ NATIONAL YOUTH _____
NSCAA CERTIFICATION: PREMIER _____ ADVANCED NATIONAL _____ NATIONAL _____
ADVANCED REGIONAL _____ REGIONAL _____ STATE _____ GOALKEEPER NATIONAL _____
GOALKEEPER REGIONAL _____ GOALKEEPER STATE _____ NATIONAL YOUTH _____

OTHER CERTIFICATIONS: _____

DESCRIBE ANY SPECIAL COACHING POSITIONS OR ROLES WITHIN YOUR CLUB: _____

VI. CLUB STRUCTURE

(USE THE BACK OF THIS FORM AND ADDITIONAL PAPER AS NECESSARY)

1. DESCRIBE THE DECISION MAKING PROCESS FOR YOUR CLUB'S TRAVEL PROGRAM AND THE ROLE OF STAFF, BOARD AND COACHES.
2. DESCRIBE YOUR CLUB'S PLAYER DEVELOPMENT PROGRAMMING AND INITIATIVES.
3. DESCRIBE OTHER INITIATIVES, PLANS AND PROGRAMS OF INTEREST (FACILITIES, OUTREACH, SPONSORSHIPS, ETC.).
4. PROVIDE YOUR CLUB'S MISSION/VISION STATEMENT.

VII. SIGNATURE

IF ACCEPTED INTO THE SKYLINE CLUB SOCCER LEAGUE, _____ (club name)

AGREES TO ABIDE BY LEAGUE PROCEDURES AND POLICIES AND WORK WITH THE LEAGUE COMMISSIONER TO FURTHER THE LEAGUE'S MISSION IN THE INTEREST OF THE GAME AND PLAYERS. _____

(signature of league representative)

(date)

