

**SKYLINE CLUB SOCCER LEAGUE**  
**SEASONAL TEAM COMMITMENT FORM**  
**FALL 2019**

(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**  
**CONSIDER TEAM FOR SKYLINE PREMIER LEAGUE PLACEMENT?      YES      NO**

**USE THIS SPACE TO DESCRIBE THE QUALITY OF THIS TEAM.**

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