SKYLINE CLUB SOCCER LEAGUE

TEAM COMMITMENT FORM - FALL 2020

(Please return one form for each individual team with league fees (\$70 per team) by July 27th.)

CLUB NAME		
TEAM NAME		
AGE GROUP/BIRTH YEA	R	GENDER
COACH CONTACT		
NAME:		
PHONE # (H)	(W)	(C)
MAILING ADDRESS		
EMAIL		
MANAGER CONTACT		
NAME:		
		(C)
MAILING ADDRESS		
EMAIL		
	after Labor Day befor	If any at all> e Thanksgiving (Sept 12 - Nov 22). Please nament that weekend (Oct 10-11).
PLAYING STATE CUP of	or PRESIDENT'S CU	P? (if so, please circle one)
CONSIDER TEAM FOR SI	KYLINE PREMIER D	IVISION PLACEMENT? YES NO
USE THIS SPACE TO DES	CRIBE THE QUALIT	TY LEVEL OF THIS TEAM.