

Heartland Soccer Association Fall 2003 Premier Team Registration Form

Division (circle one): Premier Boys Premier Girls

Age Group (circle one): U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

What Soccer Club are you a member of (circle one)? KPSL BVSC OSC SWUSC OPSC NEUSC

Team Name: _____ Manager: _____ Phone: _____

Manager Email: _____ Manager address: _____

City: _____ State: _____ Zip: _____

Coach: _____ Phone: _____ Record: W ___ L ___ T ___

Coach Email: _____ Coaches address: _____

City: _____ State: _____ Zip: _____

What Subdivision were you in last season? _____

Final division standings: _____ Tournament record: W ___ L ___ T ___

If you did not play in our league last season, where did your team play? _____

What was your League record: W ___ L ___ T ___

Request for Weekends/Days Off

Heartland Soccer Association would like to do everything possible to assist you in completing your entire 8 game schedule. Please take into consideration tournaments, ODP, etc. when filling out the information below. We have added a few options that may help with conflicts. Weekday games have been added as well as tournament format scheduling (2-3 games) on a given weekend when time slots are available. You again will be allowed two (2) conflicts this season. The conflicts must be requested at the time of registration. Games begin at 8:00am on Saturday and Sunday and are played until dark. **No conflict requests will be accepted after registration. A ten (10) day notification must be given to Heartland Soccer Association for any games that need to be rescheduled.** Complete information on rescheduling policies and procedures can be found at **WWW.Heartlandsoccer.net**.

You **Must** List Specific Dates When Requesting Weekends/Days

Please list two conflicts: 1. _____
2. _____

Please answer the following questions:

ODP/PDP players: Squad year _____ # of players: _____ Squad year _____ # of players: _____

Are you willing to play week night games? Yes No

Are you willing to play tournament format scheduling 2-3 games on weekends you have not requested off? Yes No

Do you Coach other teams? If so, please list team names and age group.

Team: _____ Age: _____
Team: _____ Age: _____
Team: _____ Age: _____
Team: _____ Age: _____
Team: _____ Age: _____

I hereby certify that the attached roster and above information are true and correct. I also understand the scheduling and rescheduling policies adopted by the league.

Signature of Coach/Manager: _____ Date: _____