

PLEASE PRINT CLEARLY

WESTERN MISSOURI SOCCER LEAGUE, INC.

TEAM SIGN-UP FORM - Spring 2004

TEAM NUMBER TEAM NAME

TEAM AGE UNDER TEAM GENDER **BOYS / GIRLS** JERSEY COLOR
(CIRCLE ONE)

CLUB 1000 CYCLONES 2000 FUTURA 3000 LIBERTY 4000 NORTHSTARS 5000 OLYMPIA
(CIRCLE ONE) 6000 SPCAA 7000 KEARNEY 8500 PARKVILLE 9000 OTHER _____

DIVISION REQUEST (CHECK ONE)

____ METRO LEAGUE - U11 thru High School (PLAY 4 HOME GAMES AT WMSL FIELDS, REMAINDER OF GAMES AWAY) - **THIS FORM & LEAGUE FEE MUST BE TURNED IN BY JAN 15, 2004.**

____ WMSL (PLAY ALL 8 GAMES AT WMSL FIELDS) (IF ENOUGH TEAMS **UPPER / LOWER** DIVISION)
U6 thru U14 (CIRCLE ONE)

TEAM CONTACT (ONE PERSON PER TEAM. ALL INFORMATION WILL BE SENT TO THIS PERSON)

LAST NAME FIRST NAME

STREET

CITY STATE ZIP

PHONE

EMAIL

(PRIMARY MEANS OF CONTACT - EVERY TEAM MUST SUPPLY AN EMAIL ADDRESS)

NO PLAY DATES - LIST UP TO 4 DATES THAT YOUR TEAM REQUESTS TO NOT PLAY LEAGUE PLAY. DO NOT LIST WEEKENDS, LIST DAYS ONLY. IF MORE THAN 4 DATES ARE REQUESTED THE FIRST 4 LISTED WILL BE HONORED. DO NOT LIST ANYTHING OTHER THAN SPECIFIC DATES (DO NOT LIST - NO SATURDAYS, NO SUNDAYS, NO SATURDAY OR SUNDAY MORNINGS, ETC.) MAKE SURE OF YOUR DATES.

1ST DATE 2ND DATE

3RD DATE 4TH DATE

SUBMITTED BY DATE