

2010 CYSA D6 METRO LEAGUE TEAM APPLICATION
ONLY LEGIBLE AND COMPLETE APPLICATIONS WILL BE ACCEPTED
DUE ON OR BEFORE JUNE 2, 2010

*Team Name: _____ *U _____ **BOYS** _____ **GIRLS** _____

*Club Name: _____ League Name: _____

*Home Field: _____

*Coach: _____ *Home Phone _____

Last, First

*Address: _____ City: _____ Zip: _____

*Years Coaching: _____ *License Level: _____ *E-Mail: _____

*Assistant Coach: _____ *Home Phone: _____

Last, First

*Team Contact: _____ *Home Phone: _____

(If other than Coach or Assistant Coach)

*E-Mail: _____

(EACH TEAM IS REQUIRED TO PROVIDE AN EMAIL ADDRESS FOR LEAGUE COMMUNICATION)

- 2009 What was team's name (if other than above): _____
- 2009 Season - This team played: Recreational _____ Select _____ Competitive _____
- How many players in core group? _____
- How many years has core group played together?: _____
- How many of the players participated in a Division IV: _____ Division III: _____ Division I: _____ team during the 2009 season.

ROSTER MUST BE COMPLETED/NOT ATTACHED

*Player's Name	*DOB	*Age on 7/31
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

2009 League Record
____ Metro ____ Rec
Division: _____
Age Group: _____
Win: _____
Loss: _____

2009 Tournament Play Record
Win: _____
Loss: _____
Tie: _____
Total: _____

Desired 2010 Division
____ Higher (Older, more experienced players)
____ Middle (Mix of older/younger and experienced/less experienced players)
____ Lower (Younger, less experienced players)

This application will not be accepted Without the Above Required Information and Signatures

Signatures:
 Coach: _____
 League President: _____
 METRO Representative: _____