

**2011 CCSL METRO TEAM INFORMATION FORM**  
**ONLY LEGIBLE AND COMPLETE INFORMATION FORMS WILL BE ACCEPTED**  
**DUE ON OR BEFORE JUNE 1, 2011**

\*Team Name: \_\_\_\_\_ \*U - \_\_\_\_\_  Boys  Div 1  
 Girls  Div 3

\*Club Name: \_\_\_\_\_ \*League Name: \_\_\_\_\_

\*Home Field: \_\_\_\_\_

\*Coach: \_\_\_\_\_ \*Home Phone: (    )  
Last, First

\*Address: \_\_\_\_\_  
Street City Zip

\*Years Coaching: \_\_\_\_\_ \*License Level: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*Assistant Coach: \_\_\_\_\_ \*Home Phone: (    )  
Last, First  
E-Mail: \_\_\_\_\_

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

1. What was team's previous name (if other than above)?: \_\_\_\_\_
2. 2010 season - This team played:  Recreational  Select  Competitive
3. How many players in core group?: \_\_\_\_\_
4. How many years has core group played together?: \_\_\_\_\_
5. How many of the players participated in a Div. IV: \_\_\_\_\_ Div. III: \_\_\_\_\_ Div. I: \_\_\_\_\_  
team during the 2010 season.

Desired 2011 Division	2010 League Record	2010 Tournament Play Record
_____ Higher (Older, more experienced players)	<input type="checkbox"/> CCSL <input type="checkbox"/> Metro <input type="checkbox"/> Rec	Win: _____
_____ Middle (Mix of older/younger and experienced/less experienced players)	Level _____	Loss: _____
_____ Lower (Younger, less experienced players)	<input type="checkbox"/> Gold Age Group: _____	Tie: _____
	<input type="checkbox"/> Silver Win: _____	Total: _____
	<input type="checkbox"/> Bronze Loss: _____	
	<input type="checkbox"/> Copper Tie: _____	

\*Signatures:

Coach: \_\_\_\_\_

METRO Representative: \_\_\_\_\_

League President: \_\_\_\_\_

\* This Information Form will be used to rank your team for the upcoming 2011 CCSL Metro League Season