

Eastern District Super 2-----Application Fall 2009

Applications will be accepted at June 28th Coaches meeting

(You register players with your home association)

Complete the following application in its entirety. **Please** PRINT and be LEGIBLE. * indicate required fields.

* Home Club: _____

*Team Name in Affinity: _____

*Does your team have a core? (Circle) yes/no * No. Returning Players _____

Please DO NOT list a paid trainer as a contact person.

Coaches Information:

Manager or Ass't Coaches Information:

*Name:	*Name:
*Kidsafe # *Coaches License:	*Kidsafe #: *Coaches License:
*Address: City: _____ Zip: _____	*Address: City: _____ Zip: _____
*Home Phone:	*Home Phone:
*Cell:	*Cell:
*E-mail Address:	*E-mail Address:

*Who does EDS2 Communicate with? *Circle one* **Coach** **Manager/Ass't**

*In what age bracket did this team play in the Fall 2008? U-_____

*What level was your team in Fall 2008?(Check one) ___D2 ___S2 ___EDDOA

*What was the team name last year? _____

*Who was the coach/manager? _____

I certify the above information is accurate.

_____ Date: _____

****Team Representative's Signature***

Due at 6/28 Meeting: this form, bond money and form, registrar signed Final Fall 2008 roster, preliminary Fall 2009 roster, copies of registration forms for players.