

Eastern District Super 2-----Application Fall 2008

Applications will be accepted at June 29th 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 Association: _____

* Home Club: _____

*Team Name: _____ (this is the name your team will be scheduled with)

*Age Group last league play (Circle) U- 12 13 14 15 16 17 18 19

*Circle: Boys Girls

*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 #	*Kidsafe #:
*Coaches License:	*Coaches License:
*Address:	*Address:
City: _____ Zip: _____	City: _____ Zip: _____
*Home Phone:	*Home Phone:
*Work Phone:	*Work 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 2007? U- _____

*What was the team name last year? _____

*Who was the coach/manager? _____

I certify the above information is accurate.

Date: _____

****Team Representative's Signature*** (False information will result in team disqualification)