

2016-17 South Sound United League Team Application

Teams should complete the application and send to their Association Registrar. Registrars should register team in Affinity and forward form to league administrator. For additional assistance Contact kelib@washingtoneyouthsoccer.org

Team Name: _____

Association: _____

Coach/Manager Name: _____ Email: _____@_____

Cell phone: ____ - ____ - _____

Calendar Year Age: 20__

Players playing Up (count): __ (I acknowledge that in registering younger players than the calendar year that I am choosing to potentially play at a competitive disadvantage and will not protest the results of a match on the basis of age or size).

Previous Year's Record (W-T-L): ____ - ____ - ____

Previous Year's Goals For and Against: ____ - ____

Previous Year's League: _____

Previous Year's Cup (if applicable): _____

Previous Year's Cup Record (W-T-L): ____ - ____ - ____

Divisions 3, 4, 5: \$105 (promotion/relegation as necessary, between weeks 3 and 6)

Divisions 1,2: \$155 Competitive play (Select and top level recreational teams)

Please check all that apply below that **best fit your team**:

Formation:

- The team has been together for many years and likes to compete for titles.
- The team has been together for a couple of years and is starting to compete for titles
- The team is a new team and has no record of competition
- The team has been together for many years and just likes playing together, winning isn't important
- The team has been together for a few years and is still learning how to play together
- This team is a new team but is formed to compete for titles.

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Practices:

- We practice no more than 3 times a week
- We practice no more than 2 times a week
- We practice no more than 1 per week

Game Day:

- Playing time is a right for every player on the team, regardless of effort
- Playing time is dependent on each player's effort
- Playing time is dependent on the score of the match

