

2012 ADULT SOCCER TEAM PLACEMENT FORM

THIS FORM MUST BE SUBMITTED WITH YOUR TEAM ROSTER AT REGISTRATION

TEAM NAME: _____

MANAGER'S NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

ASST. MANAGER: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

2012 Requests/Preferences:

1. Division (Please Circle One): "A" "B" "C"
2. Would you prefer to play games at: 6:30pm 7:30pm 8:30pm
3. Can your team play a 6:30pm game in the opposing city? Yes_____ No_____
4. Dates/Times you prefer not to play (no guarantees):

5. Additional comments/requests:

Your response to the above questions will help us make league schedules. League Supervisors will make all final decisions.