

**CYSA District V
Division 1 Team Registration Form
2009-2010 Season**

League Name _____

Team Name _____ Boys _____ Girls _____

Circle the Team's legal age group:

U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Special Scheduling Requests: _____

Coaching information:

Coach: _____ Phone _____ Cell _____

Email _____ Address _____

Team Contact Information:

Manager: _____ Phone _____ Cell _____

Email _____ Address _____

Asst. Coach _____ Phone _____ Cell _____

Email _____ Address _____

We understand that if my team wishes to enter State Cup, it must be registered and have the roster on file with the District Registrar by October 15, 2009 and that State Cup applications must be into the CYSA Office by November 1, 2009. No exceptions!

Coach Signature _____ by _____

Print name _____