2009 GREENHAVEN METRO TEAM APPLICATION

ONLY LEGIBLE AND COMPLETE APPLICATIONS WILL BE ACCEPTED

DUE ON OR BEFORE FEBRUARY 28th 2009

***Team Name:** ***U -** ☐ **Boys** ☐ **Girls**

(Name can only be a 15 characters with spaces)

***Club Name:** ***League Name:**

***Home Field:**

***Coach:** ***Home Phone: ( )**

Last, First

***Address:**

Street City Zip

***Years Coaching:** ***License Level:** **E-Mail:**

***Assistant Coach:** ***Home Phone: ( )**

Last, First

***License Level:**

***Team Contact:** ***Home Phone: ( )**

Last, First

(If other than Coach or Assistant Coach)

***Email:**

(EACH TEAM MUST HAVE AN EMAIL)

1. **What was team's previous name (if other than above)?:**
2. **2007 season - This team played:** ☐ **Recreational** ☐ **Metro (Select)** ☐ **Competitive**
3. **How many players in core group?:**
4. **How many years has core group played together?:**
5. **How many of the players participated in a Division IV:** **Division III:** **Division I:**
   team during the 2007 season.

2008 League Record

☐ **Metro** ☐ **Rec**

Division:

Age Group:

Win:

Loss:

Tie:

2008 Tournament Play Record

Win:

Loss:

Tie:

Total:

***Desired 2009 Division**

- ☐ **Higher** (Older, more experienced players)
- ☐ **Middle** (Mix of older/younger and experienced/less experienced players)
- ☐ **Lower** (Younger, less experienced players)

COACH AND ASSISTANT COACH ARE REQUIRED TO BE A CURRENTLY CERTIFIED USSF GRADE 8 (MINIMUM) REFEREE. PROOF OF REFEREE CERTIFICATION WILL BE REQUIRED FOR THE 2007 SEASON AND FORWARD.

***Signatures:**

Coach: _____

* **REQUIRED INFORMATION**

COACH'S LICENSE MUST BE ATTACHED.