

SACRAMENTO YOUTH SOCCER LEAGUE

TEAM/SEEDING REGISTRATION

2010-2011 SEASON

Club Name: _____ Team #: _____

Team Name: _____ Age Group: U- _____ Circle one: Boys Girls Mixed

(Maximum 15 characters)

Home Held: _____

COACH:

Reg. # _____ email: _____

Last: _____ First: _____ Initial _____ M or F

Address: _____

City, Zip: _____ Phone: () _____

Have you ever played soccer before? _____ How many years? _____

Have you ever coached soccer before? _____ How many years? _____

Coaching license: _____ Year of license: _____ Referee certification: _____ Year of certification: _____

If you coached another team or this team under a different name last year, what was the name of that team? _____

How many years has this team played together? _____

ASSISTANT COACH:

Reg. # _____ email: _____

Last: _____ First: _____ Initial _____ M or F

Address: _____

City, Zip: _____ Phone: () _____

Have you ever played soccer before? How many years? _____

Have you ever coached soccer before? _____ How many years? _____

Coaching license: _____ Year of license: _____ Referee certification: _____ Year of certification: _____

If you coached or assisted another team last year, what was the name of that team?
