

# SOUTH REGION SOCCER LEAGUE

## 2010 OUTDOOR SEASON TEAM OFFICIALS APPLICATION FORM (PLEASE PRINT CLEARLY)

**Team Name:** \_\_\_\_\_  
**Age Division:** Under \_\_\_\_\_ (Player born on or after Jan. 01, 19\_\_\_\_) Please check (✓) Girl's\_\_\_\_ Boy's\_\_\_\_  
During 200\_\_\_\_ Outdoor Season This Team Played In: \_\_\_\_\_ League  
Division (L3/Elite, L4/Premier, L4/First, L4/Second, or L4/Third): \_\_\_\_\_ (Please Attach Standings)

### CLUB INFORMATION:

**Club Official's Name:** \_\_\_\_\_ Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

### TEAM INFORMATION:

**Coach's Name:** \_\_\_\_\_ Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
**OSA Certification:** Level: \_\_\_\_\_ Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Ass't Coach Name:** \_\_\_\_\_ Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
**OSA Certification:** Level: \_\_\_\_\_ Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_ Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
**OSA Certification:** Level: \_\_\_\_\_ Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Trainer's Name:** \_\_\_\_\_ Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
**OSA Certification:** Level: \_\_\_\_\_ Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Team Contact:** Name \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: Daytime: (\_\_\_\_) \_\_\_\_\_ Telephone: Evening: (\_\_\_\_) \_\_\_\_\_

**Club Application:** The \_\_\_\_\_ Soccer Club hereby applies to play in the South Region Soccer League during the 2007 season and agrees to abide by the Constitution, Rules and Regulations of the South Region Soccer League and the Ontario Soccer Association.

**Print Name:** \_\_\_\_\_ **Signature of Club Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Deadline for submission of L3 (Regional/Elite Team) Application Forms with Entry Fees is December 15, 2008. Please attach approved playing out permission forms from your District Association (For L3/12 Girls and Boys only). Submission deadline for all L4 (Multi-Jurisdictional) divisions with Entry Fee is January 15, 2009. Entry Fee is \$550.00 per team. Club Bond is \$500.00

Please list below Three (3) Tournaments of which Graduation/Exam will count as one. Plus Ontario Cup must be submitted to the League in writing by March 1<sup>st</sup> of each year to be given consideration for rescheduling of games. All requests MUST be submitted by March 1, 2009.

1. **Date:** From \_\_\_\_\_ To \_\_\_\_\_ Details: \_\_\_\_\_
2. **Date:** From \_\_\_\_\_ To \_\_\_\_\_ Details: \_\_\_\_\_
3. **Date:** From \_\_\_\_\_ To \_\_\_\_\_ Details: \_\_\_\_\_

**ONTARIO CUP:** Is team entered into the 2009 Ontario Cup, circle one: YES NO

Note To Clubs: Please make sure that the coach sees this application before submitting to the SRSL office in order to enhance proper future communication. A team contact fax number and e-mail address is a must. Any changes to team officials must be sent to the office in writing within seven days of the change at any time during the year. (File: application\_07)