



TEAM APPLICATION

Team Name: _____

1). Please circle one: Boys or Girls

2). Please circle one Age Bracket: 6v6 Format: U8 U9 U10
8v8 Format: U11 U12 U13/14

Does this team play regular season together? ____ Yes ____ No

____ Intramural town team

____ Travel team League Name: _____ Spring 2008 Division ____

Fall 2007 League Record: Wins ____ Losses ____ Ties ____

Tournament/Indoor Experience: _____

Comments regarding placement in this tournament: _____

Coach _____ E-Mail _____

Phone: Home (____) _____ Cell or Work:(____) _____

Address _____

Town: _____ State _____ Zip: _____

Application Checklist:

____ **Completed Application Form** for each team applying (*Copies of this form accepted.*)

____ **Out-of-state teams** submit "Permission to Travel" from appropriate state Registrar.

____ **Enclose applicable entry fee; \$300 for 6V6 or \$385 for 8V8**

checks payable to Medway Youth Soccer Association

____ **Mail this form and check to: Martin**

**6 Island Road
Medway, MA 02053**

Deadline: May 12, 2008

Note: Payment MUST accompany form to be accepted. Slots cannot be reserved in advance of application and check. Thank you!

For Committee Use Only: Date Received _____ Check No. _____ Amount _____

Acceptance/Registration Packet mailed _____

Denied _____ Wait List _____ Refund issued _____

Travel Permission Rec'd _____ Medway: # patches _____