



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/U14

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

___ Intramural town team

___ Travel team League Name: _____ Spring 2012 Division _____

Fall 2011 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 \$395 for 8V8**

Checks payable to: Medway Youth Soccer Association

___ **Mail this form and check to: Jeff Selby**

**18 Hooksett Circle
Medway, MA 02053**

Deadline: May 13, 2012
Register by April 29, 2012 and
receive a free tournament t-shirt for
each player.

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 _____