

TEAM PLAYING OUT APPLICATION FORM

NUMBER:

INSTRUCTIONS:

1. Make **3** copies of this form and submit to your District Association fully completed.
2. All communications regarding this application will be addressed to the Club.

CLUB NAME:

CLUB #:

ADDRESS:

P/C:

PHONE:

DISTRICT ASSOCIATION:

APPLICATION TO PLAY IN:

LEAGUE

Team Name:	<input type="text"/>	Age Division:	<input type="text"/>
Manager:	<input type="text"/>	Coach:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City/Prov/PC:	<input type="text"/>	City/Prov/PC:	<input type="text"/>
Home Ph:	<input type="text"/>	Home Ph:	<input type="text"/>
Cel. Ph:	<input type="text"/>	Cel Ph:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

CLUB OFFICIAL'S NAME & POSITION (Print)

TEAM OFFICIAL'S NAME & POSITION (Print)

CLUB OFFICIAL'S SIGNATURE

TEAM OFFICIAL'S SIGNATURE

DATE SUBMITTED
BY CLUB

FOR DISTRICT OFFICE USE ONLY

DATE RECEIVED BY DISTRICT:

DISTRICT NO.:

APPLICATION: APPROVED DENIED

DATE:

IF **DENIED**, REASON:

DISTRICT OFFICIAL'S NAME & POSITION (Print)

DISTRICT OFFICIAL'S SIGNATURE

This application form must be distributed to the following organizations within ten (10) days of processing by the District Association:

COPY 1: CLUB | COPY 2: LEAGUE | COPY 3: DISTRICT ASSOCIATION