

EASTERN NEW YORK STATE AMATEUR SOCCER ASSOCIATION, INC.

Fill this form out and return to CNYSSL League President. Fee of \$100 must be included. One form for each team.

Please type or print:

Name of team/club_____

Number of Senior Teams____(1)_____ League Name CNYSSL_____

Name of Club President_____

Address_____ City_____ State____ Zip_____

Home phone_____ Business phone_____ Cell phone_____

Name of Coach_____

Address_____ City_____ State____ Zip_____

Home phone_____ Business phone_____ Cell phone_____

Name of Assistant Coach_____

Address_____ City_____ State____ Zip_____

Home phone_____ Business phone_____ Cell phone_____

Playing Field Name_____

Directions to field_____

Team Colors shirt_____ Shorts_____ Socks_____