

MONMOUTH OCEAN SOCCER ASSOCIATION TEAM REGISTRATION FORM - FALL 2007

CLUB NAME:		BOYS	GIRLS
TEAM NAME:	DIVISION	Age Group U	

COACH		License Level
Street		
Town		Zip Code
Home Phone		E-Mail
Work Phone	Cell Phone	Fax

ASST. COACH		License Level
Street		
Town		Zip Code
Home Phone		E-Mail
Work Phone	Cell Phone	Fax

IS THIS A NEW TEAM IN MOSA If Yes answer questions below.	Check	Explanation
YES _____ Does this team have prior Traveling Soccer Experience?	_____	Number of Season _____
Did this team play in a different league last season?	_____	Which League _____
Did this team have a different name last season?	_____	Old Name _____
Did this team have a different coach last season?	_____	Old Coach _____
Are players on this team transferring from other teams?	_____	Team Names _____
NO _____ When was the last time this team played in MOSA?	_____	Year _____ Season _____

PREVIOUS SEASON LEVEL OF PLAY

LAST SEASON FLIGHT (i.e., National 1) _____ Under _____ IS THIS TEAM PLAYING UP YES NO

TEAM PREVIOUS SEASON(S) RECORD			
SPRING 2007 RECORD	WINS _____	LOSSES _____	TIES _____ FINAL STANDING _____ PLACE _____
FALL 2006 RECORD	WINS _____	LOSSES _____	TIES _____ FINAL STANDING _____ PLACE _____

PLACEMENT ACCORDING TO PREVIOUS SEASON FINAL STANDINGS: U _____ FLIGHT _____

COMPETITIVE PREFERENCE: _____ DIVISION _____ AGE GROUP _____ / _____ FLIGHT _____

COMMENTS:

I have reviewed the above information and verify that every statement is true and correct in regards to this team. I understand that this form may be returned and the team may be in jeopardy of not being placed if incomplete or inaccurate. Team placement will be made according to MOSA policy and not necessarily at the level requested.

CLUB PRESIDENT/MOSA REP. SIGNATURE _____ Title _____ Date _____