

TEAM PLAYING-OUT APPLICATION FORM

NUMBER:

INSTRUCTIONS:

1. Please submit this application form fully intact (i.e. all three copies) to your District Association
2. All communications regarding this application will be addressed to the club.

CLUB NAME _____ CLUB NUMBER: _____

ADDRESS: _____ POSTAL CODE: _____ PHONE _____

DISTRICT ASSOCIATION: _____

APPLICATION TO PLAY IN: _____ LEAGUE _____

DIVISION (e.g. Under 16, Premier): _____ LEAGUE NUMBER: _____

| | |
|--|--|
| TEAM NAME: _____ | AGE DIVISION: _____ |
| MANAGER: _____ | COACH: _____ |
| ADDRESS: _____ _____ Postal Code _____ | ADDRESS: _____ _____ Postal Code _____ |
| TELEPHONE: () _____ RESIDENCE () _____ BUSINESS | TELEPHONE: () _____ RESIDENCE () _____ BUSINESS |

(Club Official's Name—PRINT) (Position)

(Team Official's Name—PRINT) (Position)

(Club Official's Signature)

(Team Official's Signature)

DATE SUBMITTED BY CLUB: _____ 19 _____

NOTE: SUBMIT ALL THREE COPIES

FOR DISTRICT OFFICE USE ONLY

DATE RECEIVED BY DISTRICT: _____ 19 _____ DISTRICT NUMBER _____

APPLICATION: APPROVED DENIED DATE _____ 19 _____

IF DENIED, REASON: _____

(District Official's Name—PRINT) (Position)

(District Official's Signature) (Date) 19 _____

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

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

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| | |
|--|---|
| <p>TEAM NAME: _____</p> <p>MANAGER: _____</p> <p>ADDRESS: _____ _____ Postal Code _____</p> <p>TELEPHONE: () _____ - _____ RESIDENCE () _____ - _____ BUSINESS</p> | <p>AGE DIVISION: _____</p> <p>COACH: _____</p> <p>ADDRESS: _____ _____ Postal Code _____</p> <p>TELEPHONE: () _____ - _____ RESIDENCE () _____ - _____ BUSINESS</p> |
|--|---|

(Club Official's Name—PRINT) (Position)

(Team Official's Name—PRINT) (Position)

(Club Official's Signature)

(Team Official's Signature)

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(District Official's Signature) (Date)

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