

CIYSL Team Notification Form

‘Call for Teams’

Team Information

Club/Team Name:	Age Division:	Boys	Girls
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Coach Information

Game Schedule Contact

Name:	License:	Cert #:
Address:	City:	Zip:
Phone:	Work:	Cell:
Email:		

Game Schedule Contact Information (Enter only if different than above)

Name:		
Address:	City:	Zip:
Phone:	Work:	Cell:
Email:		

Referee Assignor Information

Name:		
Address:	City:	Zip:
Phone:	Work:	Cell:
Email:		

Season Information

Previous Season:	Previous Division:	Previous League Record:
New Season:	Desired Age Group:	Desired Division:

Field Information (Must be completely filled out in order to schedule home games)

Home Field Name:	# of Youth Fields: ____ Intermediate Fields: ____ Full Fields: ____
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Game Information (Please Check Your Preferences; For Consideration, No Guarantees)

Double Headers: ____ Single Games: ____ Either: ____	Midweek Games: ____ Saturday Games: ____ Sunday Games: ____
Conflict Dates (No More than 3):	State Cup:
Additional Comments:	

Important Due Dates
 Fall Season: 3rd Sunday in July
 Spring Season: 3rd Sunday in January
NO LATE ENTRIES ACCEPTED

Submit Form To
 CIYSL Soccer Director
 2700 W. Lawrence Ave., Suite Q
 Springfield, IL 62705
 Fax: 217.391.4351
 Email: ciysl@comcast.net