

CIYSL Team Notification Form 'Call for Teams'

- ALL SPACES MUST BE FILLED OUT IN ORDER TO BE PLACED IN A DIVISION.**
-Conflict Dates if you are entering two teams in same age group (and borrowing players) must not be more than 1!
-In additional conflicts, please list if you would like to try and avoid playing at same time as another team you coach (will not always be honored, must have an assistant coach).
-If borrowing players from another team, please make note of that.

Team Information

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

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

Game Schedule Contact Information

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

Referee Assignor Information (must be filled out in order to host)

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: August 1st, 2012
 Spring Season: February 20th, 2012
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