

Butte Youth Soccer League Spring League Team Application

Club Name _____ Team Name _____

Age Group: U12 ___ U15 ___ U19 ___ Boys ___ Girls ___

Jersey Color: _____ Second Jersey: _____

Coach: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Asst. Coach: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Please list any dates your team will not be able to play: _____

Birthdate of Oldest Player: _____

Birthdate of Youngest Player: _____

A minimum of four teams must apply before a division will be formed

If your preferred age group is not available, would your team play up to the next division.
Yes ___ No ___

A **Club Check for \$250** must accompany this application.
Applications must be signed and submitted by your Club President by Feb. 27, 2004.

Games will be played at Butte College.

Club President's Signature: _____