

# MONMOUTH OCEAN SOCCER ASSOCIATION TEAM REGISTRATION FORM - FALL 2009

|  |                 |                      |   |
|--|-----------------|----------------------|---|
| <b>CLUB NAME:</b>  |                 | <b>BOYS</b>          | <b>GIRLS</b>                                |
| <b>TEAM NAME:</b>  | <b>DIVISION</b> | <b>Age Group U</b>   |   |
| <b>COACH</b>   |                 | <b>License Level</b> |   |
| <b>Street</b>  |                 |                      |   |
| <b>Town</b>  |                 | <b>Zip Code</b>      |   |
| <b>Home Phone</b>  |                 | <b>E-Mail</b>        |   |
| <b>Work Phone</b>  |                 | <b>Cell Phone</b>    | <b>Fax</b>                                  |
| <b>ASST. COACH</b>   |                 | <b>License Level</b> |   |
| <b>Street</b>  |                 |                      |   |
| <b>Town</b>  |                 | <b>Zip Code</b>      |   |
| <b>Home Phone</b>  |                 | <b>E-Mail</b>        |   |
| <b>Work Phone</b>  |                 | <b>Cell Phone</b>    | <b>Fax</b>                                  |
| <b>IS THIS A NEW TEAM IN MOSA If Yes answer questions below.</b>   |                 | <b>Check</b>         | <b>Explanation</b>                          |
| Is this a NEW TEAM in MOSA.....  |                 | _____                |   |
| <b>ALL INFORMATION MUST BE ENTERED ON THE WEBSITE</b>  |                 |                      |   |
| <b>ON-LINE REGISTRATION... DO NOT CHANGE NAME OF TEAM</b>  |                 |                      |   |
| <b>PREVIOUS SEASON LEVEL OF PLAY</b>   |                 |                      |   |
| LAST SEASON FLIGHT (i.e., National 1) _____ Under _____ IS THIS TEAM PLAYING UP YES NO   |                 |                      |   |
| <b>TEAM PREVIOUS SEASON(S) RECORD</b>  |                 |                      |   |
| FALL 2008 RECORD   | WINS _____      | LOSSES _____         | TIES _____ FINAL STANDING _____ PLACE _____ |
| SPRING 2009 RECORD   | WINS _____      | LOSSES _____         | TIES _____ FINAL STANDING _____ PLACE _____ |
| PLACEMENT ACCORDING TO PREVIOUS SEASON FINAL STANDINGS: U _____ FLIGHT _____   |                 |                      |   |
| COMPETITIVE PREFERENCE: DIVISION _____ AGE GROUP _____ / _____ FLIGHT _____  |                 |                      |   |
| <b>COMMENTS:</b>   |                 |                      |   |
| 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 _____  |                 |                      |   |

**USE THIS FORM TO PREPARE INFORMATION FOR ENTRY ON-LINE!**