

MONMOUTH OCEAN SOCCER ASSOCIATION TEAM REGISTRATION FORM - FALL 2009

CLUB NAME:		BOYS	GIRLS
TEAM NAME:	DIVISION	Age Group U	
COACH		License Level	
Street			
Town		Zip Code	
Home Phone		E-Mail	
Work Phone		Cell Phone	Fax
ASST. COACH		License Level	
Street			
Town		Zip Code	
Home Phone		E-Mail	
Work Phone		Cell Phone	Fax
IS THIS A NEW TEAM IN MOSA If Yes answer questions below.		Check	Explanation
Is this a NEW TEAM in MOSA.....		_____	
ALL INFORMATION MUST BE ENTERED ON THE WEBSITE			
ON-LINE REGISTRATION... DO NOT CHANGE NAME OF TEAM			
PREVIOUS SEASON LEVEL OF PLAY			
LAST SEASON FLIGHT (i.e., National 1) _____ Under _____ IS THIS TEAM PLAYING UP YES NO			
TEAM PREVIOUS SEASON(S) RECORD			
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 _____			
COMMENTS:			
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!