

# Central Maryland Soccer Association, Inc.

An Open Beltway Travel League for Recreational & Club Level Teams

THIS LEAGUE IS AFFILIATED WITH S. A. Y. (SOCCER ASSOCIATION FOR YOUTH)

## Standard Team Application Form (One Form Per Team)

|                                 |
|---------------------------------|
| What is your team applying for? |
|---------------------------------|

|                       |  |  |  |
|-----------------------|--|--|--|
| Club or Program Name: |  |  |  |
|-----------------------|--|--|--|

|            |  |
|------------|--|
| Team Name: |  |
|------------|--|

|                         |                                |                               |  |
|-------------------------|--------------------------------|-------------------------------|--|
| Single Age: Under _____ | Girls <input type="checkbox"/> | Boys <input type="checkbox"/> | Level of Play (check one): A <input type="checkbox"/> B <input type="checkbox"/> |
|-------------------------|--------------------------------|-------------------------------|--|

### Team Management Information

|                     |  |
|---------------------|--|
| Coach (or Contact): |  |
|---------------------|--|

|          |  |
|----------|--|
| Address: |  |
|----------|--|

|       |        |      |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

|            |            |       |
|------------|------------|-------|
| Phone (H): | Phone (W): | Cell: |
|------------|------------|-------|

|         |  |
|---------|--|
| E-mail: |  |
|---------|--|

|                     |  |
|---------------------|--|
| 2nd Contact Person: |  |
|---------------------|--|

|            |            |       |
|------------|------------|-------|
| Phone (H): | Phone (W): | Cell: |
|------------|------------|-------|

|         |  |
|---------|--|
| E-mail: |  |
|---------|--|

### Field Information

|                |          |
|----------------|----------|
| Name of Field: | Address: |
|----------------|----------|

|                       |  |
|-----------------------|--|
| Directions from I-695 |  |
|-----------------------|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|                    |  |
|--------------------|--|
| Field Coordinator: |  |
|--------------------|--|

|            |            |       |
|------------|------------|-------|
| Phone (H): | Phone (W): | Cell: |
|------------|------------|-------|

|         |  |
|---------|--|
| E-mail: |  |
|---------|--|

I, the authorized representative of the aforementioned team, agree on behalf of the team to abide by the rules of the Association and accept all decisions as set forth by the Management Committee and the Association's Ethics Board.

Signed: \_\_\_\_\_, Team Representative      Date: \_\_\_\_\_

*Please return completed Application Form to the CMSA Office prior to the Registration Deadline. Completed Waiver/Roster Forms are due prior to your first game.*

| Official League Use Only |  |
|--------------------------|--|
| Date Received:           |  |
| Fee Paid:                |  |
| Bond Paid:               |  |
| Field Permit on File     |  |
| Action:                  |  |

**Central Maryland Soccer Association, Inc.**

**P. O. Box 18403 • Baltimore, MD 21237**

www.cmsasoccer.com