

BRITISH COLUMBIA SOCCER ASSOCIATION

1126 DOUGLAS ROAD, BURNABY, B.C. V5C 4Z6 TEL: (604) 299-6401 FAX: (604) 299-9610

MINI SOCCER TEAM AFFILIATION FORM (PLEASE PRINT CLEARLY OR TYPE INFORMATION)

Full name of team: _____ Boys: _____
 Girls: _____

District: _____ Season: _____

Division: U-10: _____ U-9: _____ U-8: _____ U-7: _____ U-6: _____

Team Manager: _____ Res. Telephone: _____

Address: _____ Fax. Number: _____

City: _____ Postal Code: _____

Technical Coaching Qualifications: Level 1 _____ Level II _____ Level III _____ 'C' License _____

Team Coach: _____ Res. Telephone: _____

Address: _____ Fax number: _____

City: _____ Postal Code: _____

Technical Coaching Qualifications: Level 1 _____ Level II _____ Level III _____ 'C' License _____

TEAM ROSTER : Please Print Clearly or Type Information

No.	Given Name	Last Name	Address	Birthday
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

We agree to abide by the Constitution and Rules and Regulations of the BC Soccer Association

Team Manager or Coaches Signature

District Verification Stamp