

SCARBOROUGH SOCCER ASSOCIATION

45 Fairfax Cres. Scarborough, Ontario M1L 1Z6
416-285-8002

TEAM PLAYING-OUT APPLICATION FORM

CLUB NAME: _____ CLUB NUMBER CD 32 _____

CLUB ADDRESS: _____ POSTAL CODE: _____

DISTRICT ASSOCIATION: **SCARBOROUGH SOCCER ASSOCIATION**

APPLICATION TO PLAY IN _____ LEAGUE

DIVISION _____

TEAM NAME:

TEAM NUMBER	AGE DIVISION
COACH:	MANAGER
ADDRESS:	ADDRESS:
CITY:	CITY:
POSTAL CODE:	POSTAL CODE:
PHONE	PHONE
CELL:	CELL:

Club Official's Name (print)

Team Official's Name (print)

Club Official's Signature

Team Official's Signature

DATE SUBMITTED BY CLUB _____

FOR DISTRICT USE ONLY

DATE RECEIVED BY SSA _____

APPLICATION APPROVED ___ DENIED ___ DATE: _____

IF DENIED REASON

District Official's Name

Position

Signature

