

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 _____ AGE DIVISION _____

TEAM NAME:

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