

MUST BE COMPLETED BY COACH

SACRAMENTO YOUTH SOCCER LEAGUE

TEAM/SEEDING REGISTRATION

Club Name: _____ Team #: _____

Team Name: _____ Age Group: U- _____
(Maximum 15 characters)

Check one: Boys Girls Mixed

Home Field: _____

HEAD COACH:

Reg. # _____ email: _____

Last: _____ First: _____ Initial ____ M or F

Address: _____ DOB: ____/____/____

City, Zip: _____ Phone: () _____-

Have you ever played soccer before? _____ How many years? _____

Have you ever coached soccer before? _____ How many years? _____

Coaching license level: _____ Year of license: _____

Referee certification level: _____ Year of certification: _____

If you coached another team or this team under a different name last year, what was the name of that team? _____

How many years has this team played together? _____

Name of person preparing form

Phone Number