

NCSL Waiting List Application

Date _____

Club _____

Other Club teams in this age group (Clubs may not have two or more teams already in structure)

Check appropriate age group of the team

___ Born Aug 1 1996 or later

___ Born Aug 1 1993 or later

___ Born Aug 1 1995 or later

___ Born Aug 1 1992 or later

___ Born Aug 1 1994 or later

Name of Team _____

Name of Coach _____ Level of license _____

Team Contact Name _____

Address _____

City, State, Zip _____

Phones: Home (____) _____ Office (____) _____

Email _____

Additional Information:

Has this team played in NCSL before? _____ If "yes", why did the team not continue? _____

Has this team played together in a league? _____ If "yes", where and when? _____

Please attach any other information that would tell us about your team, its record (if any) and what would make it a travel-quality team. If your club already has a team in this age group, please explain why another should be admitted.

Signature of Coach

Date

Signature of Club Representative

Date