

American Soccer League of Virginia

Team Application

Team Name: _____ Team Color(s): _____

Please check one: Open Division Over 30 division

Team Contact: _____

Address: _____

Phone: (h) _____ (w) _____

Alternate Contact: _____

Address: _____

Phone: (h) _____ (w) _____

Number of season with ASLV (if applicable): _____

Is or has your team been involved with any other area

leagues? _____ If yes, which? _____

Have you or any members of your team had action taken against you by other leagues for disciplinary reasons? If so, please briefly explain the circumstances and who was involved.

Individual completing this form (print name):

I certify that to the best of my knowledge all of the above information is correct.

(signature of team representative)

(date)