



2010 TEAM APPLICATION

Application to Play

Team Fee: \$375 + \$100 Bond

Deadline: January 15th, 2010

Club Name: _____

Team Name: _____

2010 Team Age: *Please Circle* 12 13 14 15 16 17 18

Team Colours: _____ Alternates: _____

Playing Field: _____ Time: _____

Does field have lights? Yes _____ No _____

Coach Name: _____ Phone: (_____) _____

E-mail (MANDATORY): _____ OSA Number: _____

Coach Signature: _____

The Coach listed above hereby understands, acknowledges and will abide by all OSA and CGSL rules.

Alternate Contact: _____ Phone: (_____) _____

E-mail: _____ OSA Number: _____

CGSL Age, Division & Team Standing or District League Team Standing in 2009:

This application form, team fee of \$375 and bond of \$100 can be mailed to or dropped off at:
(no faxes)

47 Albert Street, Stouffville, ON L4A 1B5 (905) 640-0095
by JANUARY 15th, 2010 for inclusion in the Central Girls Soccer League Program.
The final date for cancellation without penalty is January 22nd, 2010.