



Utah Youth Soccer Association

State Office: 4476 South Century Drive, Suite D/ Salt Lake City, UT 84123
 (801) 268-3365 / Fax (801) 268-3415



League		District		Age Group	U-	Boys	<input type="checkbox"/>	Girls	<input type="checkbox"/>
Team Name				Colors	Jersey		Short		
Coach			License Level		Phone (H)	() -	(W)	() -	
Email Address							Cell	() -	
Address				City			Zip		
Ass't Coach 1			License Level		Phone (H)	(###)###-	(W)	(###)###-	
Email Address							Cell	(###)###-	
Ass't Coach 2			License Level		Phone (H)	() -	(W)	() -	
Trainer				Phone (H)	() -		(W)	() -	
Name and Address of Home Field									
Name and Address of Alternate Field									
Previous Team Name					Previous Coach				
*Team Contact Person				Phone (H)	() -		(W)	() -	
Email Address							Cell	() -	
Address				City			Zip		

*Person who will be contacted for team needs, i.e. re-scheduling, administration.

	Name of Player Alphabetical Last Name First	Birthday	Phone	Address	School Area
1		/ /	() -		
2		/ /	() -		
3		/ /	() -		
4		/ /	() -		
5		/ /	() -		
6		/ /	() -		
7		/ /	() -		
8		/ /	() -		
9		/ /	() -		
10		/ /	() -		
11		/ /	() -		
12		/ /	() -		
13		/ /	() -		
14		/ /	() -		
15		/ /	() -		
16		/ /	() -		
17		/ /	() -		
18		/ /	() -		

Adds and Release:

I hereby certify that the above information is true and correct. That all players meet state eligibility rules

Date	/ /	Signature of Coach	
Date	/ /	Signature of League Official	