

AWSL TEAM REGISTRATION Form

DATE: _____

SEASON: Fall Spring Summer

TEAM: _____

CAPTAIN: _____
Phone: _____
Home or Cell _____
Email: _____
Address: _____
_____ TX _____

Co-CAPTAIN: _____
Phone: _____
Home or Cell _____
Email: _____
Address: _____
_____ TX _____

TEAM INFO:

Current Division: _____ Record: _____ Desired Division: _____

Primary Shirt Color: _____ Alternate Shirt Color: _____
Primary Short Color: _____ Alternate Short Color: _____
Primary Sock Color: _____ Alternate Sock Color: _____

Amount Paid: \$ _____ Check/Money Order #: _____

Comments: (i.e., division preference, time preferences for specific reasons.)

These comments will be considered but not guaranteed

DEADLINES ARE POSTED ON THE WEBSITE
*****LATE FEES WILL BE ASSESSED*****

I have read and acknowledge the AWSL Constitution, By-Laws and Rules and agree to manage my team in accordance with them.

Team Captain's Signature & Date