**DUE:** Jan 11, 2013



221 SPENCER RD., SUITE A ST. PETERS, MO. 63376 FAX 636-498-5485 OFFICE 636-498-1056 e-mail: office@sccysa.org

## **COMPETITIVE TEAM APPLICATION**

## FAX, MAIL OR E-MAIL FORM BACK

AGE GROUP:	
TEAM NAME:	Please check: GIRLSBOYS
СОАСН:	CLUB AFILIATION:
ADDRESS:	
CITY/STATE/ ZIP:	
PLEASE CIRCLE WHICH PHON	E NUMBER TO BE SHOWN ON SCHEDULES HOME OR CELL
PHONE: (H)()	CELL NUMBER
EMAIL ADDRESS	
Į.	**************************************
CONTACT NAME (if different tha	n above)
ADDRESS:	
CITY/STATE/ZIP:	
PLEASE CIRCLE WHICH PHON	E NUMBER TO BE SHOWN ON SCHEDULES HOME OR CELL
PHONE: (H)()	CELL NUMBER
EMAIL ADDRESS:	CELL NUMBER()
	*************
TEAM STRENGTH: LEAGUE LAST REGISTERED:	
2012 FALL RECORD WINS:	LOST:TIED:STANDING:
2012 SPRING RECORD WINS	LOST:TIED:STANDING:
OTHER TEAM INFORMATION H	ELPFUL TO BRACKETING:
	***************
	THIS FORM. Verbal request for game reschedule made within 5 working days prior to l requests less than 5 working days will cost \$50 per game. There will be no charges for rain
SIGNATURE:	DATE
□Apply \$150 <u>Deposit</u> to the followin Credit card #	g credit card:   Apply total fees to the following credit card  Expiration Date:
	VV Code: Street Number for card: Zip: