

CBYSA 2017 FALL LEAGUE REGISTRATION FORM

We will have a Home/Away Schedule for All Teams.
Travel will be Required. The Home Team/Club is Responsible for Field and Referee Fees.

TEAM INFORMATION

Team Name: _____ Gender: Boys Girls

Club/Assoc: _____ Division: _____

Age Group is defined by the oldest player on the team.

<input type="checkbox"/> U 9 01/01/09 - 12/31/09	<input type="checkbox"/> U10 01/01/08 - 12/31/08	
<input type="checkbox"/> U11 01/01/07 - 12/31/07	<input type="checkbox"/> U12 01/01/06 - 12/31/06	<input type="checkbox"/> U13 01/01/05 - 12/31/05
<input type="checkbox"/> U14 01/01/04 - 12/31/04	<input type="checkbox"/> U15 01/01/03 - 12/31/03	<input type="checkbox"/> U16 01/01/02 - 12/31/02
<input type="checkbox"/> U17 01/01/01 - 12/31/01	<input type="checkbox"/> U18 01/01/00 - 12/31/00	<input type="checkbox"/> U19 01/01/99 - 12/31/99

Competition Group will be Formed Based on Available Teams.

TEAM CONTACT INFORMATION

Coach Name _____ Home Phone _____
 Address _____ Work Phone _____
 City, Zip Code _____ Cell Phone _____
 E-mail Address _____

Contact Name _____ Home Phone _____
 Address _____ Work Phone _____
 City, Zip Code _____ Cell Phone _____
 E-mail Address _____

Age Groups	Commitment Deadline	Start of Season	Roster Frozen
D2	9/1/17	9/16/17	
U9/10 & D3	9/1/17	9/16/17	

Administrative Team Fee for U9-U10: \$50 .00; U11-U18 Div 2 & 3: \$150.00

Rainout Dates: 11/11-12/17; Playoffs for U10: 11/18-19/17; Scores must be entered by 11/12/17 @ 8 p.m.; Coaches Meeting TBA

**Submit Commitment to Play Form and Team Fee to:
 CBYSA • PO Box 895 • Corpus Christi, TX 78403**

The **Competition Committee** Will Administer All League Play.
 For Additional Information Contact:

John Rodriguez, CBYSA President
 jrodnrg71@gmail.com

Monica Hatton, Executive Admin
executive.admin@cbysasoccer.org

Signature of Team Representative

Date

Date Received:	Amount Paid:	Accepted By:
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