

# CBYSA 2018 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 01/01/10 - 12/31/10	<input type="checkbox"/> U10 01/01/09 - 12/31/09	
<input type="checkbox"/> U11 01/01/08 - 12/31/08	<input type="checkbox"/> U12 01/01/07 - 12/31/07	<input type="checkbox"/> U13 01/01/06 - 12/31/06
<input type="checkbox"/> U14 01/01/05 - 12/31/05	<input type="checkbox"/> U15 01/01/04 - 12/31/04	<input type="checkbox"/> U16 01/01/03 - 12/31/03
<input type="checkbox"/> U17 01/01/02 - 12/31/02	<input type="checkbox"/> U18 01/01/01 - 12/31/01	<input type="checkbox"/> U19 01/01/00 - 12/31/00

**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	8/25/18	9/15/18	
U9/10 & D3	9/1/18	9/22/18	

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

**Playoffs for U10: 11/17/18; Coaches Meeting 9/5/18 for D2 at Boys & Girls Club at 7:30 PM; 9/12/18 for D3 & U10 at boys & Girls Club at 7:30 PM**

**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](mailto:executive.admin@cbysasoccer.org)

\_\_\_\_\_  
**Signature of Team Representative**

\_\_\_\_\_  
**Date**

Date Received:	Amount Paid:	Accepted By:
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