



**TEAM APPLICATION**

221 SPENCER RD. STE. A  
ST. PEERS, MO. 63376  
FAX 636-498-5485 OR EMAIL @ [OFFICE@SCCYSA.ORG](mailto:OFFICE@SCCYSA.ORG)

CLUB AFFILIATION: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_  
AGE GROUP: circle U7 U8 U9 GIRLS BOYS

COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ ZIP: \_\_\_\_\_

PLEASE CIRCLE PHONE NUMBER TO BE SHOWN ON SCHEDULES HOME OR CELL

PHONE: (H)( ) \_\_\_\_\_ CELL NUMBER ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\*\*\*\*\*

**ALL INFO WILL BE MAILED TO THE FOLLOWING:**

CONTACT NAME (if different than above) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PLEASE CIRCLE PHONE NUMBER TO BE SHOWN ON SCHEDULES HOME OR CELL

PHONE: (H)( ) \_\_\_\_\_ CELL NUMBER( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\*

**TEAM STRENGTH:**

LEAGUE LAST REGISTERED: \_\_\_\_\_

2013 FALL RECORD WIN: \_\_\_\_\_ LOST: \_\_\_\_\_ TIED: \_\_\_\_\_ STANDING: \_\_\_\_\_

2013 SPRING RECORD WIN: \_\_\_\_\_ LOST: \_\_\_\_\_ TIED: \_\_\_\_\_ STANDING: \_\_\_\_\_

OTHER TEAM INFORMATION HELPFUL TO BRACKETING: \_\_\_\_\_

\*\*\*\*\*

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**Deposit Info:**

Credit card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Type: Visa MC CVV Code: \_\_\_\_\_ Street Number for card: \_\_\_\_\_ Zip: \_\_\_\_\_