MICHIGAN STATE PREMIER

SOCCER PROGRAM

9401 General Dr. Suite 130• Plymouth, MI. 48170 • ph: 734-459-6650 fax: 734-459-6664 www.mspsl.org

Year _____

TEAM REGISTRATION INFORMATION SHEET: Season ______

014-019 Only	
Team Name	Age Group U Boys Girls
	USSF Coaching Lic.: A B C D Adv. NSCAA Dip.
Address:	Date Issued License Number
City, State, ZC:	Phone Number:
Email	
ASSISTANT COACH:	
Address:	Date Issued License Number
City, State, ZC:	Phone Number:
Email	
	USSF Coaching Lic.: A B C D Adv. NSCAA Dip.
Address:	Date Issued License Number
City, State, ZC:	Phone Number:
Email	
PRIMARY FIELD:	
Field Coordinator:	
Phone Number:	
Address:	
Email	
Certified Referee Assignor:	
Phone Number:	
Address:	
Email	
	_
SIGNATURE OF TEAM OFFICIAL (Must be Listed Above):	Date:

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Application to PetitionU14-U19 only

(OPTIONAL: Based on application and discretion for the MSPSP board)

Team Name	Age_	Gender		
Head Coach	Phone	Email		
New Team to MSPSP? or Number of players returning from last seasonal year?				
Petitioning Division (choose one):	Premier 1 Premier 2	Classic 1 Classic 2	Classic 3	
Most recent league standings: League Division	Record	Teams Played		
Have you made significant changes to your roster for the upcoming season? If so, please list players and how they have impacted your team. 1. 2. 3. 4. 5.				
List your tournament record for the last seasonal year against other MSPSP Prem.1, Prem. 2 teams.				
Tournament Test	ams Played	Record		
List your most recent MSYSA State Cup and Record: Date Teams Played				
Pool Quarter Finals Semi-Finals Finals		Record Record Record Record		

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