

# MICHIGAN STATE PREMIER

## SOCCER PROGRAM

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

TEAM REGISTRATION INFORMATION SHEET: Season \_\_\_\_\_ Year \_\_\_\_\_

### ***U-13 Divisioning Request ONLY***



**Statewide League**



**Local League**

Team Name \_\_\_\_\_ Age Group U - \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

**HEAD COACH:** \_\_\_\_\_ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: \_\_\_\_\_ Date Issued \_\_\_\_\_ License Number \_\_\_\_\_

City, State, ZC: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

**ASSISTANT COACH:** \_\_\_\_\_ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: \_\_\_\_\_ Date Issued \_\_\_\_\_ License Number \_\_\_\_\_

City, State, ZC: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

**MANAGER:** \_\_\_\_\_ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: \_\_\_\_\_ Date Issued \_\_\_\_\_ License Number \_\_\_\_\_

City, State, ZC: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

**PRIMARY FIELD:** \_\_\_\_\_ **SECONDARY 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 Petition for Statewide League (U13 only)

***If this is not fully completed, the team will be placed in the  
LOCAL LEAGUE.***

(All divisioning at the discretion of the MSPSP board)

Team Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Head Coach \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

New Team to MSPSP? \_\_\_\_\_

or

Number of players returning from last seasonal year? \_\_\_\_\_

#### Most recent league standings:

League	Division	Record	Teams Played
		W- ____ L- ____ T- ____	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### 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.

<u>Tournament</u>	<u>Teams Played</u>	<u>Record</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

#### List your most recent MSYSA State Cup and Record: Season \_\_\_\_\_ Year \_\_\_\_\_

##### Teams Played

Pool	_____	Record	_____
Quarter Finals	_____	Record	_____
Semi-Finals	_____	Record	_____
Finals	_____	Record	_____