



SFPAL SOCCER

Team Info Form: Team Strength & Bye Requests

Name of Team: _____ Team Number (TIN): _____

Age Group: _____ # of players on team: _____ # of girls: _____ # of boys: _____

Team Strength

This information will determine which division your team will be playing in. Please be specific when fill out this form!

How many years has your team played together? _____ Number of players returning? _____

Are you a school-based team OR year round team? _____

In what leagues has your team played in the past 12 months? _____

Where did your team place? _____

Where would you place your team (circle one)?

Upper Division

Middle Division

Lower Division

Would you consider your team to be (circle one)?

Weak

Somewhat-weak

Middle

Somewhat-strong

Strong

Anything else you would like PAL to know about your team?

Bye Dates Requested:

Your team is expected to play every game that your team is scheduled for —requesting a bye date does not excuse you from play if we cannot accommodate your request.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

No games will be schedule April 3rd the Saturday before Easter, and May 29th the Saturday before Memorial Day.

T-Shirt Info:

What Size (please circle one):

Youth Med

Youth Lg.

Adult Sm.

Adult Med.

Adult Lg.

Adult XL

Color Choice?:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Black

White

Orange

Royal

Red

Green

Lt. Blue

Coach's Signature: _____ Coach's Name (please print): _____