

# TEAM PLAYING-OUT APPLICATION FORM

CLUB NAME: \_\_\_\_\_ CLUB NUMBER CD 05 \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

DISTRICT ASSOCIATION **DURHAM REGION SOCCER ASSOCIATION**

APPLICATION TO PLAY IN: \_\_\_\_\_ LEAGUE

DIVISION (e.g U16 Premier) \_\_\_\_\_ LEAGUE NUMBER \_\_\_\_\_

TEAM NUMBER	
TEAM NAME	AGE DIVISION
MANAGER	COACH
ADDRESS	ADDRESS
CITY                      PC	CITY                      PC
PHONE(RES)	PHONE(RES)
PHONE(BUS)	PHONE(BUS)
SCREENING CHECK	SCREENING CHECK
YES or NO	YES or NO

\_\_\_\_\_  
Club Official's Name (PRINT)

\_\_\_\_\_  
Team Official's Name (PRINT)

\_\_\_\_\_  
Club Official's (Signature)

\_\_\_\_\_  
Team Official's (Signature)

DATE RECEIVED BY DISTRICT	
APPROVED- _____	DENIED _____
Reason for Denial	
APPROVED BY	DATE OF APPROVAL