

UAYSL 2017 Outdoor Session - Team Entry Form – 9U ('08) & 10U ('07) Rec – 7v7 - 14 Games

Team Entry Form & Team Entry Fee of \$350: **Emailed/Postmarked on or before Wed. May 3, 2017**

Player Fees & Roster: **Emailed/Postmarked on or before Wednesday, May 24, 2017**

Player Fees: UAYSL Annual Player Fee - \$60.00 - Paid with a player's 1st league session of 2016/2017.
Dual Roster Fee: \$10/additional team/session.

Withdrawals must be emailed to the league administrator at uaysl.info@yahoo.com

Withdraw before bracketing = Full refund / Withdraw after bracketing (date on website) = No refund

UAYSL Club _____ Team Name _____

Gender: Boys _____ Girls _____ Actual age of team: 9U _____ 10U _____

Requested age for games: True Age _____ Flex _____ Requested Flex Age Group _____ Flex: Partial _____ 100% _____

10U Only Option: 10 of the 14 games played at 7v7 with last 4 games flexed up to 9v9 in September. Yes _____ No _____

Coach name _____ email _____

Phone (home) _____ (work) _____ (cell) _____

Manager name _____ email _____

Phone (home) _____ (work) _____ (cell) _____

GAME DE-CONFLICT SCHEDULING REQUESTS: Due to a high level of requests from coaches who coach multiple teams it is impossible to accommodate all coaching conflict requests. Coaches must plan on having an assistant coach to cover when game conflicts cannot be avoided or the head coach is absent for any reason, including team/coach travel. List below, in order of priority, the teams which you would like to be considered for game de-confliction. Requests not listed will not be honored.

1st _____ 2nd _____ 3rd _____

TEAM TRAVEL SCHEDULING REQUESTS: List below the dates the TEAM (not the coach or individual players) will be traveling out of State and not available for UAYSL games. Be sure to include travel dates not just tournament/camp dates. It may not be possible to accommodate all team travel dates. Please list in order of priority. Requests not listed here will not be honored.

1st _____ 2nd _____ 3rd _____

This Team Entry Form must be verified by (signature) of Head Coach _____ AND

Team Manager or Club Registrar _____ for Club _____

All players must be registered with Alaska Youth Soccer for the 2016-2017 Season prior to playing.

Roster Information:

- ❖ Roster Size – Min = 7, Max = 14. Playing 7v7. Per the UAYSL Rules at www.uaysl.org.
- ❖ Roster must include player name (**Alpha by last name**), birth date, jersey number, applicable player fees, coach & manager names, phone numbers and email contacts, team name and club. If submitted roster is not in the requested format it will be returned for correction. **Roster must be submitted using the UAYSL Roster Template which is posted on the UAYSL website at www.uaysl.org**
- ❖ Games will be played Monday-Thursday evenings with Saturday/Sunday daytime games only after August 17. Games begin the week of June 5 – September 30/early Oct.

Mail Entry to: UAYSL, P.O. Box 243565, Anchorage, AK 99524-3565 Questions: uaysl.info@yahoo.com

Team entry received	Date _____	\$ pd _____	check # _____	notes _____
Player roster received	Date _____	\$ pd _____	check # _____	notes _____
Player added	Date _____	\$ pd _____	check # _____	notes _____