

**GREAT LAKES WOMEN'S SOCCER LEAGUE
TEAM REGISTRATION FORM
2008**



DIVISION: +18 Premier +18 Div 1 +18 Div 2 +30 Div A +30 Div B +30 Div C

TEAM NAME: _____

MANAGER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: H _____ W _____ C _____

EMAIL ADDRESS: _____

*We **MUST** have an e-mail address. All league information will be communicated electronically.

TEAM COLORS: Shirts: _____ Shorts: _____
(Required)

HOME FIELD: _____

FIELD AVAIL FOR DOUBLE HEADERS? YES NO

HOME GAME TIME PREFERRED: 5:00P 7:00P

NIGHT(S) PREFERRED FOR MID-WEEK GAMES (IF NECESSARY):

(indicate 1 = 1st, 2 = 2nd, etc.)

___ MON ___ TUE ___ WED ___ THU ___ FRI

BELOW, PLEASE INDICATE DATES YOUR TEAM **CANNOT** BE SCHEDULED TO PLAY:

(Tentative league schedules will be distributed at the Registration Meeting in Mid-April)

WILL YOU BE LOOKING FOR PLAYERS TO ADD TO YOUR TEAM ROSTER?

YES NO MAYBE

A deposit of \$100 must be submitted with this Team Registration Form for the 2006 Great Lakes Women's Soccer League in order to guarantee league participation. Withdrawal of your intent to register must be made no later than March 1, 2008 in order for your deposit to be returned.

SIGNATURE: _____ DATE: _____

**PLEASE SUBMIT THIS FORM AND A \$100 DEPOSIT (payable to GLWSL)
NO LATER THAN MARCH 1, 2008**

MAIL TO: GLWSL Treasurer
16200 Glastonbury
Detroit, MI 48219

- OR -
EMAIL TO: GLWSL@YAHOO.COM

TEAM/PLAYER REGISTRATION WILL BE HELD IN MID-APRIL - LEAGUE PLAY BEGINS JUNE 1, 2008