



Northwestern Soccer Travel Team Entrance Form

<http://soccer.nyaatigers.org>

Lehigh Valley Youth Soccer League

Year: _____

Season: Fall Spring

Team Information

Actual Team Age Sender:

Head Coach: _____ Asst. Coach : _____

*Asst. Coach: _____ *Asst. Coach : _____

*Team Manager: _____ * Optional Entries

Desired Level of Play

Age:8 :

Team might compete in State Cup this Soccer Year

Division:12 Yes No

The division is needed to properly seed teams. It's not as critical at U9 and U10, because the league typically makes divisions by regions to reduce travel times. Division A is the best division and B slightly less competitive. If you played in the B division last year and had a .500 record (or worse), odds are the League will not allow you to play in the A division, unless you have some very strong arguments why you should move up. This may also be the case for an A division team that wants to move down to B. This will not be allowed unless the team was not competitive in the A division the prior season. Please note that this is a **REQUEST**. Just because you want to play up or in a certain division does not mean the league will allow that move. If you are requesting to move up an age level you must also complete the LYVSL Divisional Placement request form.

Comments – Please list any comments on the lines below that should be considered when scheduling your team for league play

Blackout Dates

On the lines below please list any dates that you do not want League games scheduled. This is typically for tournament dates or weekends when you know most of your team will be unavailable for any reason. The league allows a maximum of 4 blackout dates.

Tournament Planning

This information is used for tournament patch inventory. Also, "Good Luck" messages will be posted to facebook and the Northwestern Soccer website the week prior to the event. If you are unsure of the exact tournament(s) you might enter at this point please try to give us a general idea of the number of tournaments you plan on participating in.

| Tournament Name | Date | Total # of games |
|-----------------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Coach's Details

Please complete the information below for your team personnel. Email addresses and phone #'s are used so that the soccer program as well as other coaches can get in contact with you, sometimes on very short notice, such as a game being cancelled at the last minute.

Please complete even if your information is already on the lvsl website. We want to be sure the information is accurate.

| | |
|---------------------|---|
| HEAD COACH | First (Legal): _____ Last: _____ Nickname: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Alternate Email: _____ |
| ASST. COACH | First (Legal): _____ Last: _____ Nickname: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Alternate Email: _____ |
| ASST. COACH | First (Legal): _____ Last: _____ Nickname: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Alternate Email: _____ |
| Team Manager | First (Legal): _____ Last: _____ Nickname: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Alternate Email: _____ |