

MICHIGAN STATE PREMIER

PREMIER SOCCER PROGRAM

9401 General Dr. Suite 130 • Plymouth, MI. 48170 • ph: 734-459-6650 fax: 734-459-6664

www.mspsl.org

TEAM REGISTRATION INFORMATION SHEET: Season _____ Year _____

U-13 Divisoning Request ONLY

Statewide League

Regional League (local)

Team Name _____ Age Group U - _____ Boys _____ Girls _____

HEAD COACH: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

ASSISTANT COACH: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

MANAGER: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

PRIMARY FIELD: _____ **SECONDARY FIELD:** _____

Field Coordinator: _____

Phone Number: _____

Address: _____

Email _____

Certified Referee Assignor: _____

Phone Number: _____

Address: _____

Email _____

SIGNATURE OF TEAM OFFICIAL (Must be Listed Above): _____ Date: _____

Application to Petition for Statewide League

MICHIGAN STATE PREMIER

PREMIER SOCCER PROGRAM

9401 General Dr. Suite 130 • Plymouth, MI. 48170 • ph: 734-459-6650 fax: 734-459-6664

www.mspsl.org

(U13 only)

***If this is not fully completed, the team will be placed in the
REGIONAL LEAGUE.***

(All divisioning at the discretion of the MSPSP board)

Team Name _____ Age _____ Gender _____

Head Coach _____ Phone _____ Email _____

New Team to MSPSP? _____

or

Number of players returning from last seasonal year? _____

Most recent league standings:

League	Division	Record	Teams Played
_____	_____	W- ____ L- ____ T- ____	_____
_____	_____		_____
_____	_____		_____

Have you made significant changes to your roster for the upcoming season?

If so, please list players and how they have impacted your team.

1. _____
2. _____
3. _____
4. _____
5. _____

List your tournament record for the last seasonal year.

<u>Tournament</u>	<u>Teams Played</u>	<u>Record</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List your most recent MSYSA State Cup and Record: Season _____ Year _____

Teams Played

Pool	_____	Record	_____
Quarter Finals	_____	Record	_____
Semi-Finals	_____	Record	_____
Finals	_____	Record	_____