

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 _____

U14 to U19 only

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: _____

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Application to Petition for Premier 2 Division

(U14-U19 only)

(Based on application and discretion for 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
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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 against other MSPSP Prem.1, Prem. 2 teams.

Tournament	Teams Played	Record
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- 1.
- 2.
- 3.

List your most recent MSYSA State Cup and Record: Date _____

Teams Played

Pool	Record
Quarter Finals	Record
Semi-Finals	Record
Finals	Record