

ALAMO AREA YOUTH SOCCER ASSOCIATION TEAM INFORMATION

Season: Fall _____ Spring _____ **Enter Year** _____

*No teams will be placed on the schedule without the required information highlighted in yellow below.
Teams should provide this information to their clubs at least one week prior to the AAYSA Team Declaration deadline.
Clubs should compile this information for all of their teams and submit it to the appropriate AAYSA Vice President by the Team Declaration deadline.*

Club: _____ **Age:** U-____ **Gender:** Boys _____ Girls _____

Competitive Level: D4 _____ Academy _____ D3 _____ D2 _____ SII _____

Team Name: _____

Primary Uniform Color: _____

Alternate Uniform Color: _____

Primary Contact: _____ **Manager** _____ **Coach** _____ **Other** _____

E-mail: _____
Please Print Legibly

Cell #: _____ **Home #:** _____ **Work Ph#:** _____
Include Area Code for all phone numbers

Address: _____ **Zip:** _____

Secondary Contact: _____ **Manager** _____ **Coach** _____ **Other** _____

E-mail: _____
Please Print Legibly

Cell #: _____ **Home #:** _____ **Work Ph#:** _____
Include Area Code for all phone numbers

Address: _____ **Zip:** _____

Please list any specific schedule requests below. AAYSA cannot guarantee that specific schedule requests can be honored:
