



# CHAMPIONS LEAGUE SOCCER



## Region I TEAM APPLICATION

TEAM'S NAME: \_\_\_\_\_

STATE OF REGISTRATION: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_ LICENSE LEVEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_

FIELD NAME: \_\_\_\_\_

TIME OF PLAY:

ADDRESS: \_\_\_\_\_

DAY OF WEEK:

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEAM COLORS: \_\_\_\_\_ (TOP) \_\_\_\_\_ (SHORTS) \_\_\_\_\_ (SOCKS)

ALTERNATE TEAM COLORS: \_\_\_\_\_ (TOP) \_\_\_\_\_ (SHORTS) \_\_\_\_\_ (SOCKS)

I shall obey by the rules of the Champions League.

Name

Signature

Date

**RETURN WITH DEPOSIT OF \$2,000.00 (BOND) AND FIELD PERMITS FOR UPCOMING SEASON TO:  
CHAMPIONS LEAGUE SOCCER - P.O. BOX 9265 - TRENTON, NJ 08650**



# CHAMPIONS LEAGUE SOCCER

Region I

## TEAM APPLICATION



# ADDITIONAL DIRECTORS

DIRECTOR 1 NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL: \_\_\_\_\_



DIRECTOR 2 NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL: \_\_\_\_\_



DIRECTOR 3 NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (H) PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (W) FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL: \_\_\_\_\_