



Alignment Information Fall 2017

In order to facilitate the proper aligning of teams that did not participate in the spring 2017 season.

Or for teams that did participate in the spring 2017 season and wish to change divisions.

CLUB NAME: _____ TEAM NAME: _____

TEAM GENDER (B or G) _____ TEAM YEAR: (2005, 2004) _____ TEAM AGE: (U10, U11) _____

TEAM AGE YOU PLAYED SPRING 2017 (U10, U11) _____ TEAM AGE YOU PLAYED FALL 2016 IF APPLICABLE _____

IF YOU ARE STAYING IN THE SAME AGE GROUP DID YOU ADD PLAYERS BORN BETWEEN JAN 1ST AND AUGUST 1ST YES _____ NO _____ IF YES HOW MANY? _____

HAS YOUR TEAM REALIGNED AND DROPPED OWN AN AGE GROUP YES _____ NO _____

IF YOU ARE ONLY MOVING UP 1 AGE GROUP (I.E. FROM U10 TO U11 INSTEAD OF U10 TO U12) HOW MANY PLAYERS BORN AUGUST 1ST DID YOU LOSE _____

DIVISION SPRING 2017 (PREMIER, 1, 2) _____ DIVISION YOU PLAYED FALL 2016 IF APPLICABLE _____

DIVISION YOU ARE REQUESTING TO BE PLACED IN FALL 2017: _____

U9-U10 TEAM IS THE TEAM ABILITY BASED? U9-U10 TEAM NON ABILITY BASED?

If ability based, check appropriate composition of players relative to your club/specific age group

A A/B B B/C C C/D D

YOU'RE NAME: _____ POSITION: _____

PHONE NUMBER: _____ EMAIL: _____

COACH NAME: _____ PHONE NUMBER: _____

INFORMATION YOU FEEL WILL ASSIST US IN DIVISIONAL PLACEMENT FOR THIS TEAM:
