



Alignment Information Fall 2020

In order to register any U9 to U12 team you MUST complete this form for each team

CLUB NAME: _____ TEAM NAME: _____

TEAM GENDER:(B or G) _____ TEAM YEAR:(2011, 2012) _____ TEAM AGE:U _____

TEAM AGE YOU PLAYED FALL 2019: _____ U _____

TEAM AGE YOU WERE SCHEDULED TO PLAY SPRING 2020: _____ U _____

IF YOU ARE STAYING IN THE SAME AGE GROUP, DID YOU ADD PLAYERS THAT WERE PLAYING UP? YES _____ NO _____ IF YES HOW MANY? _____

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

DIVISION FALL 2019: (PREMIER, 1, 2) _____

DIVISION YOU WERE SCHEDULED TO PLAY SPRING 2020: _____

DIVISION YOU ARE REQUESTING TO BE PLACED IN FALL 2020: _____

MUST SELECT ONE

TEAM IS ABILITY BASED

TEAM IS 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

YOUR NAME: _____ POSITION: _____

PHONE NUMBER: _____ EMAIL: _____

COACH NAME: _____ PHONE NUMBER: _____

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

