



Green Country Soccer Association

Mailing Address: PO Box 471435, Tulsa OK 74147

Location: 9726 E 42 St, Ste 235, Osage Bldg, Tulsa OK

Phone 918/481-3322

Fax 918/512-4378.

APPLICATION TO LEAGUE OUT OF AGE GROUP

GENERAL INFORMATION

CLUB AFFILIATION/TEAM NAME: _____

ACTUAL AGE & DIVISION YOU RECENTLY PLAYED: _____

AGE & LEAGUE REQUESTING TO PLAY IN FOR UPCOMING SEASON: _____

NAME OF TEAM OFFICIAL MAKING APPLICATION: _____

COACH: _____

TEAM OFFICIAL'S CONTACT INFORMATION: e-mail _____

Work phone _____ home phone _____ mobile phone _____

Mailing address _____

TEAM PERFORMANCE

FALL 2009 LEAGUE _____ won___ lost___ tied___ standing___

SPRING 2010 LEAGUE _____ won___ lost___ tied___ standing___

STATE CUP 2009 _____ won___ lost___ tied___ standing___

STATE CUP 2010 _____ won___ lost___ tied___ standing___

REGIONALS 2009 _____ won___ lost___ tied___ standing___

REGIONALS 2010 _____ won___ lost___ tied___ standing___

TOURNAMENT HISTORY FOR PAST 12 MONTHS:

_____ won___ lost___ tied___ standing___

_____ won___ lost___ tied___ standing___

_____ won___ lost___ tied___ standing___

_____ won___ lost___ tied___ standing___

NUMBER OF ODP PLAYERS ON TEAM: _____

HISTORICAL RECORD AGAINST TEAMS

CURRENTLY PLAYING IN REQUESTED LEAGUE _____

ADDITIONAL INFORMATION TO BE CONSIDERED (ATTACH SEPARATE SHEET)

SEEINSTRUCTIONSONREVERSE SIDEOFTHISFORM

**** PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY ****

- THIS APPLICATION IS TO BE SUBMITTED BY COMPETITIVE TEAMS DESIRING TO PARTICIPATE IN GCSA LEAGUE PLAY IN AN AGE DIVISION OLDER THAN THE TEAM'S NATURAL AGE DIVISION DURING THE SPRING SEASON.
- APPLICATION MUST BE SIGNED BY A TEAM OFFICIAL AND RECEIVED IN THE GCSA OFFICE BY 2:00P.M. July 18th. YOU ARE WELCOME TO FAX YOUR APPLICATION TO 918-512-4378.
- BY FILING APPLICATION, TEAM OFFICIAL CERTIFIES HIS/HER BELIEF THAT THE TEAM IS CAPABLE OF COMPETING IN THE REQUESTED LEAGUE, AND THAT TEAM MEMBERS AND PARENTS ARE AWARE OF THE TEAM'S APPLICATION TO PLAY UP.
- YOU WILL BE NOTIFIED OF THE COMMISSION'S DECISION AS SOON AS POSSIBLE.

TEAM OFFICIAL'S CERTIFICATION

On behalf of the team listed above, I certify that the information contained in this Application is true, and request that the team be permitted to play the Spring season in the league requested above.

Date: _____ Signature of team official: _____