



Please answer the questions below.

1. TEAM NAME: _____

2. INDICATE BY PRIORITY (1, 2, 3, 4) WHAT NIGHT YOU WISH TO PLAY:

_____ MONDAY _____ THURSDAY
_____ TUESDAY _____ SUNDAY (DAY)
_____ WEDNESDAY

3. INDICATE BY PRIORITY (1, 2, 3) IN WHICH LEAGUE YOU WISH TO PLAY:

_____ MENS 11 VS. 11 (WED) _____ MENS 7 VS. 7
_____ MENS 7 VS. 7 MASTERS (35+) _____ COED 11 VS. 11 (SUN)
_____ COED 7 VS. 7

4. INDICATE BY PRIORITY (1, 2, 3) WHICH SKILL LEVEL YOU WANT TO PLAY:

_____ A LEAGUE (HIGHEST) _____ C LEAGUE
_____ B LEAGUE _____ D LEAGUE (LOWEST)

5. MAIN JERSEY COLOR: _____

BACK-UP JERSEY COLOR: _____

6. HAVE YOU PREVIOUSLY PLAYED IN THE CITY OF IRVINE ADULT SOCCER LEAGUE?

NO

YES

7. WHAT WAS YOUR TEAM NAME AND WHO WAS YOUR MANAGER?

TEAM NAME _____

MANAGER* _____

8. WHAT WAS YOUR TEAM'S RECORD?

_____ WINS

_____ LOSSES

_____ TIES

9. IF WE ARE UNABLE TO CONTACT YOU REGARDING YOUR TEAM, WHAT OTHER PLAYER OR PERSON SHOULD WE CONTACT?

NAME* _____

PHONE* _____

EMAIL* _____