

DURHAM REGION SOCCER ASSOCIATION

221 Simcoe Street North, Main Floor
Oshawa, Ontario, L1G 4T1
Tel. 905-436-8620, Fax. 905-436-2433

TEAM PLAYING-OUT APPLICATION

CLUB NAME _____ CLUB NUMBER CD 05 _____

ADDRESS _____ POSTAL CODE _____

APPLICATION TO PLAY IN _____ LEAGUE

DIVISION (e.g. U16 Premier) _____

ROSTER TEAM NUMBER	
TEAM NAME	AGE DIVISION
MANAGER	COACH
ADDRESS	ADDRESS
CITY PC	CITY PC
PHONE(RES)	PHONE(RES)
PHONE(BUS)	PHONE(BUS)
SCREENING CHECK Yes No	SCREENING CHECK Yes No

Club Official's Name (PRINT)

Team Official's Name (PRINT)

Club Official's (Signature)

Team Official's (Signature)

Date Submitted:

FOR DISTRICT USE ONLY	
APPROVED- _____	DENIED _____
Reason for Denial _____	
APPROVED BY _____	DATE OF APPROVAL _____