

# 2017 AYSO Summer High School League (SHSL) Application

APPLICATION DUE: May 15, 2016  
 TEAM ROSTER DUE: May 25, 2016  
 one application per team, please

TEAM FEE: \$50  
 Check payable to: AYSO AREA 7A

Mail copy of application and check to:  
 AYSO AREA 7A  
 ATTN: Jeri Canniff  
 PO Box 1404  
 Kapaau, Hawaii 96755  
 email application to: vmjcanniff@hawaiiantel.net

Region Name & Number:	COACH NAME:
	email:
School Name:	cell phone#:
	ASSISTANT COACH NAME:
Uniform Color:	email:
Boys or Girls Team:	cell phone#:

## REFEREES ASSOCIATED WITH OUR TEAM:

Name:	Certification:	Phone:

## TEAM & HOME FIELD AVAILABILITY DATES:

	Team Available to play (Y or N)	Field Available (Y or N)	Location of Field:	Notes to Scheduler:
May 27				
June 03				
June 10				
June 17				
June 24				
July 01				
July 08				
July 15				

<u>Region</u>	<u>Region #</u>	<u>Regional Commissioner</u>	<u>Email Address</u>
Hilo	274	Troy Keolanui	troykeola@gmail.com
North HI	403	Michelle Stevenson	stevenson.soccer@gmail.com
Kona	527	Cara Altamirano	ayso527_rc@yahoo.com

AS REGIONAL COMMISSIONER OF REGION \_\_\_\_\_, I HEREBY CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED ABOVE. I VERIFY THE ABOVE LISTED COACHES ARE SAFE HAVEN CERTIFIED AND HAVE THE APPROVAL OF THE REGION TO ENTER A TEAM IN THE SUMMER HIGH SCHOOL LEAGUE

RC signature: \_\_\_\_\_ DATE: \_\_\_\_\_.