

University Place Soccer Club TEAM AFFILIATION REQUEST



Seasonal Year 20____ Team Name: _____

Gender: Boys Girls

Age: U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

Team Structure: Recreational Select (must be U12 or older to be select)

Anticipated League and Competition Level (U11 and Older): _____
(ie. Association, District, State - Rec, Silver, Gold).

Adult Volunteers:

	Name	Email	Phone	Primary Contact *	Team Rep **
Head Coach:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Coach:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Coach:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Team Manager:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

* Indicate only one primary contact for general inquiries about the team. This contact will be listed on the club website.

** All affiliated teams are entitled to have one team representative participate in UPSC Board of Director's meetings. Indicate which adult volunteer(s) your team has designated as their representative to the Board of Directors.

Request for Affiliation:

The above named team is requesting to be affiliated with, and become a Member Team of, the University Place Soccer Club. If accepted we agree to organize and operate our team in a manner that is consistent with the UPSC Constitution and Bylaws. We have reviewed the current version of the UPSC Membership Policy Statement and acknowledge the benefits and expectations of Member Teams set forth therein. By making this request for affiliation we are pledging that our team, and all adult volunteers associated with our team, will at all times act in good faith to comply with the requirements of the Membership Policy and all other policies and practices of UPSC.

Team Representative: _____
Printed name
Signature
Date

UPSCBoard Action:

This Affiliation Request was reviewed by the UPSC Executive Board on _____

Action Taken: Approved Rejected Comments: _____

Affiliation is valid through August 31st, 20_____

UPSC Secretary: _____
Printed name
Signature
Date