



LONG ISLAND WOMEN'S SOCCER LEAGUE, Inc.
 PO Box 584 • Port Jefferson Station • New York • 11776
 631-671-1587 • www.liwomensoccer.com

TEAM APPLICATION FOR LEAGUE ENTRY

TEAM NAME _____ Fall _____ Spring _____ Summer 20____		
COACH'S NAME		ALTERNATE TEAM REPRESENTATIVE
COACH'S PHONE NUMBER		PHONE NUMBER
CELL PHONE NUMBER		CELL PHONE NUMBER
EMAIL ADDRESS		EMAIL ADDRESS
STREET ADDRESS		STREET ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
HOME FIELD NAME (ATTACH DIRECTIONS)		
TEAM UNIFORM DESCRIPTION SHIRT COLOR SHORTS SOCKS		ALTERNATE UNIFORM DESCRIPTION SHIRT COLOR SHORTS SOCKS

A copy of this application must be returned for each team, together with the required performance bond of \$400.00 made payable to "Long Island Women's Soccer League."

On behalf of the team listed on this application, I _____ (team representative/coach) understand and accept the following terms as condition of acceptance in to the Long Island Women's Soccer League:

I understand that payment of the required league performance bond is a statement of intent to participate in the next scheduled league season and is not a substitute for proper individual player registration.

I have read and understand the "LIWSL Rules and Bylaws" (available for review on the league website www.liwomensoccer.com) and agree that my team will follow the procedures and rules outlined there-in.

If the team is not accepted for participation in the league, the performance bond will be returned in full.

I understand that whatever bond balance, if any, remains at the end of the season may be carried over for use in the following season, or I may receive the balance refunded upon written request to the treasurer.

Coach/Team Rep Signature _____ Date _____

For office use only:

Bond amount remaining _____ Bond amount due _____ Bond amount received _____