

MICHIGAN STATE PREMIER PREMIER SOCCER PROGRAM

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www.mspsl.org

SIGNATURE OF TEAM OFFICIAL (Must be Listed Above): _____ Date: _____

Application to Petition for Statewide League (U13 only)

If this is not fully completed, the team will be placed in the REGIONAL LEAGUE.

(All divisioning at the discretion of the MSPSP board)

Team Name _____ Age _____ Gender _____

Head Coach _____ Phone _____

Email _____

New Team to MSPSP? _____

or

Number of players returning from last seasonal year? _____

Most recent league standings:

League	Division	Record	Teams Played
		W- ___ L- ___ T- ___	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you made significant changes to your roster for the upcoming season?

If so, please list players and how they have impacted your team.

1. _____
2. _____
3. _____
4. _____
5. _____

List your tournament record for the last seasonal year.

<u>Tournament</u>	<u>Teams Played</u>	<u>Record</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List your most recent MSYSA State Cup and Record: Season _____ Year _____

Teams Played
Pool _____ Record _____