

MICHIGAN STATE PREMIER

PREMIER SOCCER PROGRAM

9401 General Dr. Suite 130 • Plymouth, MI. 48170 • ph: 734-459-6650 fax: 734-459-6664
www.mspsl.org

TEAM REGISTRATION INFORMATION SHEET: Season _____ Year _____
U14-U19 Only

Team Name _____ **Age Group U -** _____ **Boys** _____ **Girls** _____

HEAD COACH: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

ASSISTANT COACH: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

MANAGER: _____ USSF Coaching Lic.: A B C D Adv. NSCAA Dip.

Address: _____ Date Issued _____ License Number _____

City, State, ZC: _____ Phone Number: _____

Email _____

PRIMARY FIELD: _____ **SECONDARY FIELD:** _____

Field Coordinator: _____

Phone Number: _____

Address: _____

Email _____

Certified Referee Assignor: _____

Phone Number: _____

Address: _____

Email _____

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