

**GYSA SELECT PROGRAM
TEAM CONFIRMATION FORM**

PROGRAM: ATHENA ___ CLASSIC ___ (check one)

DIVISION: _____ (e.g. A, B, Classic I, Classic 2, Classic 3, etc.)
(In which this team expects to play this season)

PLAYING AGE GROUP: _____ TRUE AGE GROUP** _____
(Age group team expects to compete in) (See below)

TEAM NAME: _____
(Please use the team name as it will appear on your official roster - e.g. Silverbacks SC Red '89)

LEAGUE NAME: _____

THE FOLLOWING INFORMATION WILL BE PRINTED ON THE BACK OF THE SCHEDULE:

TEAM COACH: _____

HOME PHONE: _____ CELL OR BUSINESS PHONE: _____

EMAIL ADDRESS: _____

TEAM MANAGER: _____

HOME PHONE: _____ CELL OR BUSINESS PHONE: _____

EMAIL ADDRESS: _____

TEAM PLACEMENT PREVIOUS SEASON (IF NEW TEAM PLEASE INDICATE) :

TEAM NAME: _____ COACH: _____

LAST LEAGUE: _____

LAST PLAYING AGE GROUP: _____ LAST PROGRAM: _____

DIVISION: _____ NUMBER OF RETURNING PLAYERS: _____

SPECIAL SCHEDULING REQUESTS (Be reasonable): _____

** True valid age group is defined as the youngest valid age group that the oldest player on a team qualifies for play. This is the age group the team should be registered in. This is usually the same as the playing age group, however, there are teams that compete in an older age group.