



APPLICATION TO ENTER FALL / SPRING LEAGUE 20

Team Name in Bonzi:

Team Name in GotSoccer :

(if different to Bonzi)

League:

Age of Team:

Male / Female (please circle)

Head Coach information (please Print)

Name:

Email:

Cell Phone:

Mailing Address:

..... ZipCode:

Asst Coach information (please Print)

Name:

Email:

Cell Phone:

Home Field:

Dates Unavailable to play:)

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Please return this form to District VII Office, 4285 N. First St., Fresno, CA 93726

Fax: 559-227-CYSA(2972)

Email:cysad7office@gmail.com