NORTHERN MICHIGAN SOCCER ALLIANCE
PARTICIPATION FORM
Spring Season 2009

CITY/TOWN:_____AGE GROUP:____BOYS GIRLS(circle)
TEAM STRENGH (please circle) **STRONG AVG WEAK**
Span of Age range: (List below: by number/age: example: 1-U11, 8-U12, 2-U13)

TEAM NAME_____

HEAD COACH:
NAME_____PHONE ( )_____EMAIL_____

ADDRESS_____CITY_____ ZIP_____

ASST COACH/Team Manager:
NAME_____PHONE ( )_____EMAIL_____

ADDRESS_____CITY_____ ZIP_____

LEAGUE WE REGISTER WITH:_____
CONTACT NAME _____PHONE ( )_____

FIELD COORDINATOR FOR OUR LOCAL FIELDS:
NAME _____PHONE ( )_____EMAIL_____

NUMBER OF FIELDS AVAILABLE AT OUR HOME VENUE_____ 11v11_____8v8

IMPORTANT!!! PLEASE INDICATE ANY **BLACKOUT DATES** BELOW WITH AN "X":
Note: Blackout dates would be dates your team is committed elsewhere (ie, tournaments, etc) or can otherwise **NOT** be scheduled for NMSA play that day. **Must Play minimum of 4 weekends**

Apr. 18/19		Apr. 25/26		May 2/3		May 9/10		MAY 16/17		May 23/24		May 30/31		June 6/7	
Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun
										Memorial Day					
						Midland		*Traverse City*						*Gaylord*	

$10.00 TEAM FEE DUE AND MADE PAYABLE TO **NMSA**. PARTICIPATION FORMS DUE **BY MARCH 6, 2009.** **MAIL TO: N.M.S.A.** OR **FAX TO**:
P. O. Box 860 **(989) 732-8118**
Gaylord, MI 49734

MANDATORY COACHES MEETING…..March 9, 2009, 7:00 pm Monday
Best Western Alpine Lodge, 833 W. Main St. Gaylord MI (I-75 & M-32)

NMSA USE: Payment: Cash_____ Check #_____