NORTHERN MICHIGAN SOCCER ALLIANCE
PARTICIPATION FORM
Spring Season 2010

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. 17/18		Apr. 24/25		May 1/2		May 8/9		MAY 15/16		May 22/23		May 29/30		June 5/6	
Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun	Sat	Sun
										Memorial Day					
								Traverse City						*Gaylord*	
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

$10.00 TEAM FEE DUE AND MADE PAYABLE TO **NMSA**. PARTICIPATION FORMS DUE **BY MARCH 5, 2010** **MAIL TO: N.M.S.A.** OR **FAX TO**:
P. O. Box 860 **(989) 732-8118**
SCAN to: **sportstuff@verizon.net** **Gaylord, MI 49734**

MANDATORY COACHES MEETING…..March 8, 2010, Monday…new coaches 6:30 pm
Alpine Lodge, 833 W. Main St. Gaylord MI (I-75 & M-32) **meeting 7:00 pm**

NMSA USE: Payment: Cash_____ Check #_____