

BEST SOUTHWEST SEEDING FORM – FALL 2018

ASSOCIATION NAME: **DeSoto Soccer Association, (DSA)**

ASSOCIATION PRESIDENT: **NANCY SAVALA**

TEAM NAME (SPRING 2018 SEASON):

AGE GROUP BOYS / GIRLS (PLEASE CIRCLE ONE) [**ACADEMY TEAM ** YES OR NO**]

TEAM NAME (FALL 2018 SEASON) (IF THE TEAM NAME ABOVE IS DIFFERENT)

TEAM COLORS – JERSEY: / SHORTS:

ALTERNATE COLORS – JERSEY _____ / SHORTS _____

TEAM RECORD / SPRING 2018 – **WINS**_____ **LOSSES**_____ TIES _____

I WANT TO **REQUEST** THAT MY TEAM PLAYS IN THE '**A**' DIVISION ** YES OR NO

COACH: NAME (PLEASE PRINT):

COACH: PHONE NUMBER:

COACH: EMAIL ADDRESS:

DO YOU COACH A SECOND TEAM IN **BEST SOUTHWEST INTERPLAY** ** YES OR NO

TEAM NAME _____ AGE GROUP U-_____ BOYS / GIRLS

DO YOU COACH A THIRD TEAM IN **BEST SOUTHWEST INTERPLAY** ** YES OR NO

TEAM NAME _____ AGE GROUP U-_____ BOYS / GIRLS

EXCEPTIONS FOR THE CURRENT SEASON (YOU ARE ONLY ALLOWED TWO EXCEPTIONS PER SEASON)

FIRST EXCEPTION ** DATE – / **SECOND EXCEPTION** ** DATE – _____

COACH SIGNATURE

DATE –

(NOTE) – IF THE COACH WAS UNAVAILABLE TO SIGN THE SEEDING FORM, PLEASE PRINT THE NAME OF THE PERSON SUBMITTING THIS FORM.

ALTERNATE NAME (PLEASE PRINT) _____ DATE _____

BY SIGNING THIS FORM, YOU ARE AGREEING TO ABIDE BY ALL OF THE CURRENT BYLAWS OF THE BESTSOUTHWEST SOCCER ASSOCIATION.