

BEST SOUTHWEST SEEDING FORM – SPRING 2018

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

ASSOCIATION PRESIDENT : **ERIC KIRKSEY**

TEAM NAME (SPRING 2018 SEASON) _____

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

TEAM NAME (FALL 2017 SEASON) (IF THE TEAM NAME ABOVE IS DIFFERENT)

TEAM COLORS – **JERSEY** _____ / **SHORTS** _____

ALTERNATE COLORS – **JERSEY** _____ / **SHORTS** _____

TEAM RECORD / FALL 2017 – **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.