

BEST SOUTHWEST SEEDING FORM – FALL 2017

ASSOCIATION NAME **DeSoto Soccer Association**

ASSOCIATION PRESIDENT **Eric Kirksey**

TEAM NAME (FALL 2017 SEASON)

AGE GROUP: BOYS / GIRLS (PLEASE CIRCLE ONE)

TEAM NAME (FALL 2017 SEASON) (IF THE TEAM NAME HAS BEEN CHANGED)

TEAM COLORS – JERSEY / SHORTS

ALTERNATE COLORS – JERSEY _____ / SHORTS _____

TEAM RECORD / SPRING 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** ** NO / YES

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.*