



ELGIN MIDDLESEX SOCCER ASSOCIATION

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519-668-2391

TEAM PLAYING OUT APPLICATION

(for individual club teams)

Instructions:
1. Complete the application by typing in all of the information requested.
2. Print the completed document and have club officials sign in the corresponding areas.
3. Mail the document along with a club cheque in the amount of \$10 to the EMSA office.
4. Applications must be received at the EMSA office by the league deadline.

PLEASE TYPE INFORMATION INTO THE FILLABLE FIELDS

CLUB NAME: _____ **CLUB #** _____

CLUB CONTACT E-MAIL ADDRESS: _____

WE WISH TO PLAY INTO: _____ **DISTRICT:** _____ **SEASON:** _____

TEAM NAME	TEAM AGE/GENDER	AGE DIVISION	PREVIOUS LEAGUE & DIV	PLACED

COACH

NAME:	
PHONE:	
E-MAIL:	
OSA #	
CERTIFICATION LEVEL	
RESPECT IN SOCCER:	
M.E.D.	
MAKING HEADWAY:	
VOLUNTEER SCREENING:	

SIGNATURE:

I confirm that my club wishes to PLAY-OUT to _____ and will abide by all _____ and EMSA published rules including discipline policies and deadlines for registration.

CLUB PRESIDENT: _____

PHONE #: _____

E-MAIL ADDRESS: _____

EMSA DISTRICT USE ONLY

DATE RECEIVED: _____

IF DENIED, REASON:	APPROVED: <input type="checkbox"/>	DISTRICT AUTHORIZATION
	DENIED: <input type="checkbox"/>	