



**NEW JERSEY SOCCER ASSOCIATION
P.O. BOX 9765
TRENTON, NJ 08650
www.soccernjsa.com**

TEAM APPLICATION FOR _05/_06 SEASON

Team Type: ____X____ (Premier) _____ (Recreation) _____ (U20/U23)

TEAM NAME: _____

LEAGUE OF AFFILIATION: __North Jersey Soccer League_____ M/F: _M__

MANAGER NAME : _____

ADDR: _____

CITY: _____ STATE: _____ ZIP: _____

TEL : (____) _____ CELL : (____) _____ FAX : (____) _____

e-Mail addr: _____
please print clearly

ALTERNATE CONTACT _____

ADDR: _____

CITY: _____ STATE: _____ ZIP: _____

TEL : (____) _____ CELL : (____) _____ FAX : (____) _____

e-Mail addr: _____
please print clearly

I have reviewed the By-laws and Rules and Policies governing the New Jersey Soccer Association and agree to abide by them. I understand that I will be held responsible for any and all financial obligations incurred by the above named team toward any affiliated member of the NJSA.

Team President Signature _____ Printed Name _____

Team Manager Signature _____ Printed Name _____