

NASL –Friendship Team Request –Adult League

All players must be registered online at www.normansoccer.org in the adult program by the registration deadline. This form must be received at the NYSA office via the drop box no later than midnight of the posted deadline.

Coach Name: _____ Phone# _____ Team Name _____

Team Gender: Male Female Mixed Team Level: Low Med High

By my signature, I certify that each player below has agreed to participate with this friendship team and they have been informed that by doing so they cannot play on two teams within this league.

Signature: _____ Coach email address: _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

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Player Name _____ DOB _____

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