



**KENTUCKY AMATEUR
SOCCER LEAGUE**

ADULT LEAGUE TEAM APPLICATION

Session: (circle one)

Futsal: (5 v 5)

Winter – Session I

Winter – Session II

Spring

Summer

Fall

Outdoor: (6 v 6)

Spring

Summer

Fall

Adult: (circle one)

Men

Women

Co-Ed

Team Info.

Team Name: _____ Team Color: _____

Team Contact: _____

Primary Contact #: _____ Secondary Contact #: _____

Primary Email Address: _____

Secondary Email Address: _____

- YOU MAY FAX (502-459-8069) OR EMAIL YOUR COMPLETED REGISTRATION FORMS TO ADMIN@LOUISVILLESOCCER.COM.
 - ALL TEAM FEES ARE DUE PRIOR TO THE START OF YOUR FIRST GAME.
 - ALL PLAYER MUST REGISTER WITH THE KENTUCKY AMATEUR SOCCER LEAGUE

KENTUCKY AMATEUR SOCCER LEAGUE

P.O. BOX 34113

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502-479-3344

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