



**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 GDATTILO@BELLSOUTH.NET.*
 - *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

LOUISVILLE, KY 40232

502-479-3344

WWW.KENTUCKYSOCCER.COM