



EASTERN ONTARIO DISTRICT
SOCCER ASSOCIATION

TEAM PLAYING OUT APPLICATION FORM

District Association; EODSA Number: DT 00-07

ASSOCIATION DE SOCCER DE
L'EST DE L'ONTARIO

- INSTRUCTIONS:
1. Please see Playing Out Criteria
 2. All communications regarding this application will be addressed to the club.

CLUB NAME: _____ CLUB NUMBER: CD 07-

ADDRESS: _____ POSTAL CODE: _____ PHONE: _____

TEAM ID (07-) APPLICATION TO PLAY IN: _____ LEAGUE

DIVISION (e.g. Under 16, Premier): _____ LEAGUE NUMBER: _____

The team is currently playing in the under _____ Division of the _____ League.

TEAM NAME:		AGE DIVISION:	
MANAGER: ADDRESS:		COACH: ADDRESS:	
TELEPHONE: (613) _____	POSTAL CODE: RESIDENCE	TELEPHONE: (613) _____	POSTAL CODE: RESIDENCE
TELEPHONE: (613) _____	BUSINESS	TELEPHONE: (613) _____	BUSINESS

(Club Officials Name and Position - Print)

(Team Officials Name and Position - Print)

(Club Officials Signature)

(Team Officials Signature)

FOR DISTRICT USE ONLY			
DATE RECEIVED BY DISTRICT:		20	
APPLICATION: APPROVED	DENIED	DATE:	20
IF DENIED, REASON:			
(District Officials Name - Print)	(Position)	(District Officials Signature)	(Date)
237 - A Metcalfe Street, Ottawa, Ontario K2P 1R2 Ph: (613) 233-6561 Fax: (613) 233-6051 E-mail: regist@magma.ca			