

Valley United Soccer League

1558 Highway 60, Renfrew ON, K7V 3Z6 613-432-9187 or 613-646-2134

Email: office@valleyunitedsl.ca

2011 TEAM ENTRY FORM

Complete one (1) form **PER TEAM** and return to the VUSL on or before April 15, 2011

Acceptance of late applications will be at the discretion of the League Board.

Payment must accompany entry form. **No team may participate until all club accounts are paid.**

OFFICIAL CLUB NAME:	Club Registration: CD
Team Name:	Registration #: TD21 -
Age Group: Select Age	OSA Classification: Select Class

TEAM OFFICIAL INFORMATION	
Head Coach Name:	OSARegistrant #:
Home Phone: 613- -	
E-mail:	
Assistant Coach Name:	OSARegistrant #:
Home Phone: 613- -	
E-mail:	
Manager Name:	OSA Registrant #:
Home Phone: 613- -	
E-Mail:	

Club Officials Name Print:	OSA Registrant #:
Club Officials Position:	Date:
Club Official Signature:	

ENTRY FEE \$75.00 DUE WITH APPLICATION	
Received By:	OSA Registrant #:
VUSL Position:	Date: