

Knoxville Metro Soccer League

Application for Team Membership

Spring Season 2010

Team Name:

Team Colors:

Please circle below the division that your team is applying for, and preferred game times.
Delete any game times that you would not be available to play.

DIVISION REQUESTED				
Co-Ed Division (Men Over 30)	Gold		Silver	
Open Co-Ed (9 Men, 2 Women)	A	B		
Men's Open Division	A			
Ladies Open Division (Wed Night only)	L			
Over 40 Mens Div (Wed Night only)	M			

TEAM AVAILABILITY (Mark Preferences 1-4, 1 as first preference)			
Wednesday Evening 6:30pm		Sunday Afternoon 1:30pm	
Saturday Afternoon 2pm		Sunday Afternoon 3:30pm	
Saturday Afternoon 4pm		Sunday Afternoon 5:30pm	

Team Weekly Availability		
Please indicate below, any dates that you would prefer to not be scheduled for a game		
Easter Weekend 4/3-4/4 Game Y / N,	Mother's Day 5/9 Game Y / N,	Memorial Weekend 5/31 Game Y / N

Team Representative: _____
 Address: _____
 Phone: _____ E-Mail Address: _____ @ _____

Alternate Team Representative: _____
 Address: _____
 Phone: _____ E-Mail Address: _____ @ _____

As appointed representative for the above team, I hereby apply for membership of the KMSL (Knoxville Metro Soccer League), for the season mentioned above. We agree to abide by the Constitution, By-Laws and Rules of the KMSL, and understand that failure to comply to said rules, sees us in violation of this agreement and we could be subject to disciplinary action up to/and including expulsion from the league.

Signed: _____

Dated: _____

This form should be completed by the team appointed representative, and submitted to the League President before January 31st, 2010. Please fax to Steve Green on (865) 403 5802, or scan and e-mail to stevegreen25@hotmail.com.