

## DURHAM REGION SOCCER ASSOCIATION

1077 Boundary Road S., Unit 105  
Oshawa, Ontario, L1J 8P8  
Tel. 905-436-8620, Fax. 905-436-2433

### TEAM PLAYING-OUT APPLICATION

CLUB NAME \_\_\_\_\_ CLUB NUMBER CD 05 \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

APPLICATION TO PLAY IN \_\_\_\_\_ LEAGUE

DIVISION (e.g. U16 Premier) \_\_\_\_\_ LEAGUE NUMBER \_\_\_\_\_

TEAM NUMBER	
TEAM NAME	AGE DIVISION
MANAGER	COACH
ADDRESS	ADDRESS
CITY PC	CITY PC
PHONE(RES)	PHONE(RES)
PHONE(BUS)	PHONE(BUS)
SCREENING CHECK Yes No	SCREENING CHECK Yes No

\_\_\_\_\_  
Club Official's Name (PRINT)

\_\_\_\_\_  
Team Official's Name (PRINT)

\_\_\_\_\_  
Club Official's (Signature)

\_\_\_\_\_  
Team Official's (Signature)

DATE RECEIVED BY DISTRICT	
APPROVED- _____	DENIED _____
Reason for Denial	
APPROVED BY _____	DATE OF APPROVAL _____