**E ast Central Ontario Soccer Association**

**TEAM PLAYING OUT FORM**

# OUTDOOR 2020

# ID UE DECEMBER 01, 2019

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| **I NSTRUCTION:**1. Submit completed form to East Central Ontario Soccer Association for approval.
2. All communications regarding this form will be addressed to the applying club.
3. Approved Playing Out form must be attached to League Application form.

Please Print:Club Name: Club #: Address: P. C. \_\_\_\_\_\_\_\_\_Phone #: e-mail: Playing-out into League Division: U (e.g. U 16 Boys, Premier Division)Last Season: **League Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age: Division: \_\_\_\_\_\_\_\_\_\_\_\_** |
| Please Print:Team Name: Age: Team Contact: Position: Address: Postal Code: Phone #: e-mail: \_  Vice President (Club Official’s Name) (Position) (Club/Team Official Name) (Position)Signature: Signature: Date: Date:  |
| ***F or District Use Only****Date Received by ECOSA: 20*  *Application: Approved Denied Date: 20* *If denied, give reason:*   *Date 20*  (ECOSA Official’s Name) (Position) (Signature of ECOSA Official) |