

23 - 24 METRO SCHEDULE TEAM APPLICATION

Needs to be turned in by 7:00 pm., July 7th, for the Fall 2023 Season or Dec 8th, for the 2024 Spring season

Fees for Non-Duke City Registered Teams

| Age | On Field | Roster Size | Fee | Fee - For Out of Town Teams (2 games / weekend) |
|----------------|----------|-------------|-------------|--|
| U 9 & 10's | 7 v 7 | 12 | \$ 1,000.00 | \$ 1,120.00 |
| U 11 & 12's | 9 v 9 | 16 | \$ 1,350.00 | \$ 1,670.00 |
| U 13 & 14's | 11 v 11 | 22 | \$ 1,500.00 | \$ 1,840.00 |
| U 15 and older | 11 v 11 | 22 | \$ 1,500.00 | \$ 1,800.00 |

Team Age _____ Birth Year _____

League / Club _____ Team Sex _____

Team Name _____ Last Years Name if changed _____

Coach Name _____ Coach Cell # _____

Coach Email Address _____

Remember for U-9 & U-10's the home team must provide a USSF licensed referee to referee their home games

In signing this application; I agree that if my team does not provide our team referee (licensed for ages U-9 & above) to referee or to assist in refereeing four DCSL Soccer games during the fall and spring seasons (i.e. four games per season) I, as coach, shall be suspended from coaching in the DCSL the following season. Exception - Out of Town Teams (Durango, Clovis, Las Cruces and Amarillo). I agree to read and comply with the DCSL Disciplinary Policy and any revisions made to it. I also agree that my team, assistant coaches, parents, and I, as coach, shall abide by and be governed by the DCSL Disciplinary Policy, DCSL Coaches Handbook, DCSL By-Laws, and by the decisions made by the DCSL Board of Directors. I also agree that I will not hold tryouts or playdates in the spring prior to the completion of the Duke City Metro Schedule.

Date Coach

Referee Section

Team Referee Name _____

Name Phone Number email address

If more then 1 _____

Name Phone Number email address