



Metro Detroit Soccer League

TEAM AFFILIATION FORM

NOTICE! This form will NOT be accepted if the form is not TYPED or PRINTED legibly.

1. Team Name: _____ Year: _____
 New Returning Change in Data

2. We wish to play in the: 1st 2nd REC 0-30 Division _____

3. Our sponsor is: _____

or Our players will share in covering all the costs: Cost per player \$ _____

4. The majority of our players reside in (city/municipality): _____

5. Team Delegate/Representative (full name): _____

6. AKA/Preferred Name: _____

7. Address: _____

City: _____ Zip Code+4: _____

	PHONE Number	FAX Number	CEL/PAGER Number	EMAIL ADDRESS
HOME				
WORK				
Other				

**Please include AREA CODE, ADD U.P. if number is to be UnPublished*

8. Alternate Team Delegate/Representative (full name): _____

9. AKA/Preferred Name: _____

10. Address: _____

City: _____ Zip Code+4: _____

	PHONE Number	FAX Number	CEL/PAGER Number	EMAIL ADDRESS
HOME				
WORK				
Other				

**Please include AREA CODE, ADD U.P. if number is to be UnPublished*

11. Uniform Colors (predominant color / trim color): _____

Primary: Shirts _____ Shorts _____ Socks _____

Alternate: Shirts _____ Shorts _____ Socks _____

12. Home Field: _____ None:

Location: _____

13. Previous League Affiliation: _____ Division: _____ Standings: _____

We understand affiliation is not permanent and that we may not be invited to return; We will abide by the MDSL (Metro Detroit Soccer League) Constitution, ByLaws, Rules & Regulations, Policies & Procedures and Resolutions; We will refrain from directing any abuse at the officials & members, verbal or physical; We will not act in any manner which may be detrimental to the League and the image it wishes to uphold; We will abide by the fair play code of conduct which respects both the written & unwritten rules of the game & treats opponents as partners in sport. Fair Play is expressed through spontaneous actions which applaud sporting excellence, show concern for opponents in distress, acknowledge defeat with dignity & victory with humility.

Signature of Team Delegate

Date

SUBMIT TO: MDSL c/o Walter Hnatiuk, President, 9629 Conant Ave., Detroit, MI 48212-3304 Phone: 313.875.4122 / email: VlodkoHata@aol.com

PLEASE REPORT CHANGES PROMPTLY

FOR MDSL USE ONLY:

Accepted: _____ Stipulations: _____