

## **ELGIN MIDDLESEX SOCCER ASSOCIATION**

295 RECTORY ST, LONDON, ON N5Z 0A3
PHONE: 519 668 2391 : EMSADA@ROGERS.COM

TEAM PLAYING OUT OF EMSA APPLICATION FORM (Deadlines\*: Outdoor March 1, Indoor Oct 1)

Must request permision from EMSA to play out PRIOR to submitting a request to play into another district All communications by EMSA regarding this application will be addressed to your club and/or district By signing the below the Club Official acknowledges that the club and team will be abide by the districts published rules including discipline and deadlines for registration: FEE: \$10 payable to EMSA

\* Late Fee of \$50 if not complied to CLUB NAME: TELEPHONE: \_\_\_\_\_ CITY: POSTAL CODE: ADDRESS: E-MAIL ADDRESS: District wish to play into SEASON/YEAR LEAGUE: DIVISION \_\_\_\_\_ AGE DIV.: \_\_\_\_ TEAM NAME: TEAM MANAGER: \_\_\_\_\_ TELEPHONE: \_\_ ADDRESS: CITY: NCCP# E-MAIL ADDRESS: TEAM HEAD COACH: \_\_\_\_\_ CITY:\_\_\_\_\_ ADDRESS: E-MAIL ADDRESS: NOTE that EMSA will require a copy of the AIMS roster as well as all Coaches NCCP #s. Team Official form can be found on EMSA's website TEAM OFFICIALS NAME & POSITION CLUB OFFICIALS NAME & POSITION SIGNATURE SIGNATURE **ELGIN MIDDLESEX SOCCER ASSOCIATION SECTION** DATE APPLICATION RECEIVED \_\_\_\_\_ DENIED: APPROVED: IF DENIED, REASON: DISTRICT OFFICIALS POSITION DISTRICT OFFICIALS NAME SIGNATURE FOR DISTRICT CONSENT TO PLAY INTO DATE APPLICATION RECEIVED: APPROVED: DENIED: IF DENIED. REASON: DISTRICT OFFICIALS NAME DISTRICT OFFICIALS POSITION SIGNATURE DATE