



ELGIN-MIDDLESEX SOCCER ASSOCIATION

540 Clarke Road, Unit #7, London, Ontario N5C 2V7

(519) 668-2391 Fax: (519) 668-1898

OFFICE HOURS: Tuesday thru Friday, 1:00 p.m. to 5:30 p.m.

Closed Monday, Saturday and Sunday and all Statutory Holidays

TEAM PLAYING-IN APPLICATION FORM

Instructions: Complete the information relating to your Team and the League that you wish to play in. Have the relevant parts completed by **your District Association**. Submit completed form with the correct fee to the Elgin-Middlesex Soccer Association at the address above. Fee: Youth Team \$10.00 Senior Team \$50.00

Club Name: _____ Club Number: _____

Team Name: _____ Age Division: _____ Sex: M / F

Address: _____

City/Town: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Apply to play in _____ Soccer League.

Club Official: _____ Club Position: _____

(Print Name)

(President or Secretary)

Signature: _____ Date Submitted: _____

FOR CLUBS DISTRICT ASSOCIATION USE

District Association: _____ District Number: _____

Date Received: _____ APPROVED DENIED (Circle One)

If Denied, Reason:

District Official (Print): _____ Position: _____

District Signature : _____ Date: _____

EMSA DISTRICT USE ONLY

Date Received: _____ APPROVED DENIED (Circle One)

District Official: _____ Position: _____

District Signature : _____ Date: _____

***NOTE: Should permission to play-out be denied by your District Association, the club has the right to appeal that decision to the OSA.**