



West Michigan Youth Soccer Association



APPLICATION FOR **NEW** PREMIER TEAM SPONSORSHIP BY WMYSA

Sponsoring Club Name: _____

Team Name as Specified in GotSoccer: _____ Gender: _____

Age Group for Fall 2017/Spr 2018: _____ Age Group played in Fall 2016/Spr 2017: _____

Head Coach Name: _____ License _____ Phone # _____

Head Coach Address: _____

Head Coach Email Address: _____

Local Referee Assignor Name: Gerry Ouellette Email: gwo73mg@aol.com

New Team Registration Fee: \$625.00 Early Pass Card Request Y or N: _____

List all outdoor tournaments played in last two years (including State Cup, Jr State Cup) as well as record, and how far team advanced (e.g. Won, lost in finals, lost in semi-finals, etc.)

Attach addition information if necessary

Tournament Name	Dates	Record	Comments

WMYSA Past Performance/Record

Season	Division	Won	Lost	Tied

General Comments for Consideration:

Sponsoring **Club** Official Signature: _____

Print Name and Title: _____

Date: _____

Complete & email to WMYSA Administrator Ann Michaels at annwmyma@gmail.com, with copy to Dana Pope at danawmyma@outlook.com