

# Central Virginia Soccer Association

P.O. Box 18176  
 Richmond, Virginia 23226  
 www.cvsasoccer.org

## Spring/Fall Team Registration Form

<b>Team Name</b>	
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<b>Jersey Color</b>		<b>Alt. Jersey Color</b>	
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\*\*\*teams are responsible for having jerseys or T-shirts, all the same color and design, with numbers on the back

<b>Time Preference</b>	9:00 AM	11:00 AM	1:00 PM	3:00 PM	<b>CVSA Cup Participant</b>	<b>Y</b>	<b>N</b>
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<b>Division Preference</b>	Premier	1st	2nd	3rd	4th
	5th	6th	Masters 30+	Veterans 40+	Women's
	Coed Competitive <i>Tue Evenings</i>		Coed Recreational <i>Wed Evenings</i>		

<b>Field Preference</b>	Central <small>(Bryan Park, etc.)</small>	West End <small>(Short Pump, etc.)</small>	Southside <small>(Providence)</small>	East End <small>(Dorey Park)</small>	Northside <small>(Pole Green, etc.)</small>
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\*\*\*time, division & field preferences can not be guaranteed and requests are only used as guides

### Primary Team Contact

<b>First Name</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>City &amp; Zip Code</b>	
<b>Home</b>	<b>Cell</b>
<b>Work</b>	<b>Ext.</b>
<b>E-Mail</b>	
<b>E-Mail 2</b> <small>*Optional</small>	

### Secondary Team Contact

<b>First Name</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>City &amp; Zip Code</b>	
<b>Home</b>	<b>Cell</b>
<b>Work</b>	<b>Ext.</b>
<b>E-Mail</b>	
<b>E-Mail 2</b> <small>*Optional</small>	

I understand that alcohol is not permitted at CVSA fields before, during or after CVSA matches and will relay this message to my teammates and our spectators.

\_\_\_\_\_  
 Captain's Signature
 
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 Date