



# Tri-State Club Soccer League Application for Club Membership



Applicant Club Name: \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Club Representative: \_\_\_\_\_

Club Officers	Name	E-mail	Phone
President			
Vice President			
Treasurer			
Secretary			
Director(s) of Training			
Registrar			
Referee Assignor			
Field Assignor			

No. of U8-U10 Teams \_\_\_\_\_

Home Field/Park Name \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of 6v6 Fields \_\_\_\_\_

Number of Referees \_\_\_\_\_

An application fee payable to TSCSL must accompany this form. This is a Deposit Bond pending acceptance into the league, and will be applied to the first season's League Fees, if accepted. If not accepted, your deposit will be returned.

Mail Completed Form to: Vince Kohen, TSCSL FO, PO Box 155, Springboro, OH 45066