

GAASA
New Member Application

Date- _____

Club Name- _____

Contact- _____

Position- _____

(Pres., Coach, etc)

Phone Number- (Day)- _____

(Evening)- _____

E-Mail- _____

Address- _____

Number of Teams (gender/age) -Boys

-Girls

Is This A New Club (check one)

Yes-

No-

If Yes-Community Name- _____

If No-Previous/Current League- _____

Is Club Community Based? (check one) Yes-

No-

Home Field w/Address- _____

Additional Comments-

Instructions-Print this application and fill out completely and submit (with a check for \$350/club bond) by mail (application can be e-mailed) for review by the league. Submission of this application does not constitute acceptance into the league, but is the basis for the start of the process. Refer to the league website for additional information/conditions.

GAASA

PO Box 13736/Akron/44334

Web Site: www.gaasa.org

Email: grtrakron.soccerassoc@frontier.com