

**Western Missouri Soccer League**  
**TEAM SIGNUP FORM – FALL 2010**  
 816-459-7543 FAX 816-459-8163  
 6022 N Antioch – Ste 2 Gladstone MO 64119

**Turn In Deadline =**  
**July 15, 2010**  
 Under 6 = Sept 1

Team Number \_\_\_\_\_ Team Name \_\_\_\_\_

Team Gender – **BOYS GIRLS** (CIRCLE ONE)

Rate Team -

U6 = Upper or Lower (circle one)

Team Colors: Jersey \_\_\_\_\_

Metro League = **A B1 B2 C** (circle one)  
 (Must be carded REC to play in C division)

**MUST HAVE AN ENTRY**

Check One	TEAM AGE	Born On Or After	PLAYING SIZE	MAX ROSTER	TEAM FEE	LEAGUE PLAY IN
	Under 6	8/1/04	3 vs 3, No GK	6	\$300	WMSL (All games at WMSL fields)
	Under 7	8/1/03	5 vs 5 (4 plus GK)	10	\$475	Metro League
	Under 8	8/1/02	5 vs 5 (4 plus GK)	10	\$475	Metro League
	Under 9	8/1/01	6 vs 6 (5 plus GK)	11	\$550	Metro League (Minimum of 4 games
	Under 10	8/1/00	6 vs 6 (5 plus GK)	11	\$550	Metro League at WMSL fields,
	Under 11	8/1/99	8 vs 8 (7 plus GK)	14	\$700	Metro League 4 games away)
	Under 12	8/1/98	8 vs 8 (7 plus GK)	14	\$700	Metro League
	Under 13	8/1/97	11 vs 11	18	\$850	Metro League
	Under 14	8/1/96	11 vs 11	18	\$850	Metro League
	Under 15	8/1/95	11 vs 11	18	\$875	Metro League
	Under 16	8/1/94	11 vs 11	22	\$875	Metro League
	Under 17	8/1/93	11 vs 11	22	\$875	Metro League
	Under 18	8/1/92	11 vs 11	22	\$875	Metro League
	Under 19	8/1/91	11 vs 11	22	\$875	Metro League

NOTE: Team age determined by oldest player.

**Club (Check One)**

<input type="checkbox"/> 3900 United	<input type="checkbox"/> 6400 Qwest SC	<input type="checkbox"/> 6500 Red Star SC	<input type="checkbox"/> 3000 KC Milan	<input type="checkbox"/> 8000 Liberty United
<input type="checkbox"/> 9000 Kearney	<input type="checkbox"/> 9200 St Joe	<input type="checkbox"/> 9300 Smithville	<input type="checkbox"/> 9400 Independent	<input type="checkbox"/> 9500 Other
<input type="checkbox"/> 9550 Extreme	<input type="checkbox"/> 5000 Harambe	<input type="checkbox"/> 4000 KC Blaze		

Team Coach \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Team Contact (All information will be sent to this person)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**(PRIMARY MEANS OF CONTACT – EVERY TEAM MUST SUPPLY AN EMAIL ADDRESS)**

Check which days your team **CAN NOT PLAY!**

Saturday, Aug 28  
 Sunday, Aug 29  
 Saturday, Sept 11  
 Sunday, Sept 12  
 Saturday, Sept 18  
 Sunday, Sept 19  
 Saturday, Sept 25  
 Sunday, Sept 26

Saturday, Oct 2  
 Sunday, Oct 3  
 Saturday, Oct 9  
 Sunday, Oct 10  
 Saturday, Oct 16  
 Sunday, Oct 17  
 Saturday, Oct 23  
 Sunday, Oct 24

Saturday, Oct 30  
 Sunday, Oct 31  
 Saturday, Nov 6  
 Sunday, Nov 7

**MAXIMUM number checked**  
**Dates = 6 !!**