



Nortac Soccer Club

Team Affiliation Application

Team Name _____ Team number _____ Age U_ boy/girl

Coaches' information (Please mark main contact for team on the left)

Primary
Contact
Y/N

Head Coach: RMA # _____
Name (first) _____ (last) _____ MI __ Birthday __/__/__
Address _____ City _____ WA Zip code _____
Phone Number _____ cell# _____
Email _____
License (if any) _____ Years coaching _____

Primary
Contact
Y/N

Assistant Coach: RMA # _____
Name (first) _____ (last) _____ MI __ Birthday __/__/__
Address _____ City _____ WA Zip code _____
Phone Number _____ cell# _____
Email _____
License (if any) _____ Years coaching _____

Primary
Contact
Y/N

Assistant Coach: RMA # _____
Name (first) _____ (last) _____ MI __ Birthday __/__/__
Address _____ City _____ WA Zip code _____
Phone Number _____ cell# _____
Email _____
License (if any) _____ Years coaching _____

Primary
Contact
Y/N

Manager: RMA # _____
Name (first) _____ (last) _____ MI __ Birthday __/__/__
Address _____ City _____ WA Zip code _____
Phone Number _____ cell# _____
Email _____

Is this a returning team yes/no? If returning how many players are returning? _____
Last year's record (only applies to U12 and up) wins _____ loss _____ Tie _____ place _____
What level were you placed last year? _____
Where would you like to be placed this year (Please contact Mike Milasich for any questions)

Please rate your team: 1= beginning 2= intermediate 3= advance 4 = highest (gold level only) Please mark below the level you are playing this year :

MOD U7 – U10 boys/girls REC (IAL) U11 and up full field

District III Rec ___ silver ___ gold ___ State Teams only: Div ___ Classic ___