



OFFICIAL TEAM AFFILIATION FORM

This form is to notify the Metro Women's Soccer League that the following team,

Team A _____ in division _____

will be affiliated with,

Team B _____ in division _____

for the upcoming _____ Fall / Spring season.
(Year) (Circle One)

If either team is a member of a club by completing this form you are affirming to the MWSL that you have advised your club of your intent to affiliate.

Signature of Coach / Manager

Signature of Coach / Manager

Name (Printed)

Name (Printed)

Dated this _____ of _____, _____.
Day Month Year

In addition to this form, each team must submit a current roster listing with the signatures of 70% of the players consenting to the team affiliation.

MWSL Signature _____ Date Received _____