

EDS2 Fall 2007 Application Information rev 2/07

Teams:

1. Check the standings on the EDS2 website. Your finish in cup play for Spring 2007 determines your seed into EDS2.
2. If your team chooses to NOT accept your seed into EDS2 please send the application with the top part of the application completed and check the box = "I do not accept my seed into EDS2 for Fall 2007.
3. The date/time for the mandatory EDS2 coaches meeting will be posted on the S2 website.

Rosters:

1. A core team is 50% + 1 of the integer portion of the Final Spring 2006 Cup roster.
2. Your team must maintain a core from your FINAL Spring 2007 Cup roster.

Team Fees deposit is as follows

U12---- --- \$500
U13/14-----\$500
U15/16-----\$500
U17/18/19-\$500

Teams will be invoiced on their team account page the balance of team fees. The balance of team fees is due on or before 9/15/07.

Application information:

1. For the Coach/manager—DO NOT list a trainer here. List the persons who are actually responsible for the team.
2. Primary contact with teams is by e-mail. Please make sure you have an e-mail listed for the primary contact person for your team.

Mail application form and a team fee deposit check for \$500 payable to EDS2 to:

EDS2
PO Box 4048
Alvin, TX 77512

Eastern District Super 2-Application Fall 2007

Complete the following application in its entirety. Please PRINT and be LEGIBLE.

- *indicates required fields.*

_____ --I accept my teams' seed into EDS2 for Fall 2007.

_____ -- I DO NOT accept my teams' seed into EDS2 for Fall 2007.

*Home Association: _____ * Home Club: _____

*Team Name: _____

*Age Group Cup play 2006: _____

Boys U- 12 13 14 15 16 17 18 19 * No. Returning Players _____

Girls U- 12 13 14 15 16 17 18 19

DO NOT LIST A PAID TRAINER ON THIS FORM. I NEED NAMES OF PERSONS WHO ARE IN CHARGE OF THE TEAM.

Coaches Information :

Manager or Asst Coach Information:

*Name: _____	*Name: _____
*Kidsafe # _____ * Coaches License: _____	*Kidsafe #: _____ *Coacnes License: _____
*Address: City _____ Zip: _____	*Address: City: _____ Zip: _____
*Home Phone: _____	*Home Phone: _____
*Work Phone: _____	*Work Phone: _____
*Cell Phone: _____	Cell Phone: _____
*E-mail Address: _____	*E-mail Address: _____

*Who does EDS2 Communicate with? *Circle one* **Coach** **Manager**

*What was the team name Cup play 2006? _____

Who was the coach/manager? _____

_____ Date: _____

***Team Manager/Coaches Signature** (False information will result in team disqualification)

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Deadline for application is 6/30/07.