

East Hudson Youth Soccer League Division Request Form

YEAR: 20 / 20

Season: **Spring / Fall**

Club _____ Home _____
Registrar _____ Work _____
Email _____ Cell _____

All Club Teams Must Be Listed Below In Age Group Order

	Team Name Bullets, Strikers, etc.	Age Group GU19-1, BU08-3	Primary Shirt Color Red, Gold/Blue
1			
2			
3			
4			
5			
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20			