

EAST HUDSON YOUTH SOCCER LEAGUE
 Year 20 / 20 . Season Fall / Spring

CLUB NAME _____

FIELD COORD. _____ PHONE (H) _____

EMAIL _____ (W) _____

	TEAM NAME	DIVISION	PRIMARY FIELD NAME	#	ROLLOVER FIELD NAME	#
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

FIELD RESTRICTIONS (EX. DATE, TIME) _____

TEAM ROLLOVER PREFERENCE (EX. MOVE YOUNGER TEAMS FIRST) _____

ALL CLUBS MUST PROVIDE A ROLLOVER FIELD FOR EACH TEAM