



ELGIN MIDDLESEX SOCCER ASSOCIATION

295 RECTORY ST, LONDON, ON N5Z 0A3

PHONE: 519 668 2391 : EMSADA@ROGERS.COM

TEAM PLAYING OUT OF EMSA APPLICATION FORM (Deadlines*: Outdoor March 1, Indoor Oct 1)

Must request permission from EMSA to play out PRIOR to submitting a request to play into another district

All communications by EMSA regarding this application will be addressed to your club and/or district

By signing the below the Club Official acknowledges that the club and team will abide by the districts published rules including discipline and deadlines for registration: FEE: \$10 payable to EMSA

* Late Fee of \$50 if not complied to

CLUB NAME: _____	TELEPHONE: _____
ADDRESS: _____	CITY: _____
E-MAIL ADDRESS: _____	POSTAL CODE: _____

District wish to play into _____

SEASON/YEAR _____ LEAGUE: _____ DIVISION _____

TEAM NAME: _____ AGE DIV.: _____ M: F:

TEAM MANAGER : _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ NCCP# _____

E-MAIL ADDRESS: _____

TEAM HEAD COACH: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ NCCP # _____

E-MAIL ADDRESS: _____

NOTE that EMSA will require a copy of the AIMS roster as well as all Coaches NCCP #s. Team Official form can be found on EMSA's website

_____	_____
CLUB OFFICIALS NAME & POSITION	TEAM OFFICIALS NAME & POSITION
_____	_____
SIGNATURE	SIGNATURE

ELGIN MIDDLESEX SOCCER ASSOCIATION SECTION

DATE APPLICATION RECEIVED _____ APPROVED: DENIED:

IF DENIED, REASON: _____

_____	_____
DISTRICT OFFICIALS NAME	DISTRICT OFFICIALS POSITION
_____	_____
SIGNATURE	DATE

FOR DISTRICT CONSENT TO PLAY INTO

DATE APPLICATION RECEIVED: _____ APPROVED: DENIED:

IF DENIED, REASON: _____

_____	_____
DISTRICT OFFICIALS NAME	DISTRICT OFFICIALS POSITION
_____	_____
SIGNATURE	DATE