



**This form and the team fee of \$350.00 are due postmarked on or April 15th, 2019.
Please make checks payable to NLWSL.**

Mail to NLWSL, P.O. Box 4381, St Paul, MN 55104

E-mail nlwsl.mn@gmail.com if you have questions.



Team Name: _____ **ASA CLASS:** A B C D

Please circle the option below that best describes your team's skill level:

A/B High C Middle C Lower C High D Middle D Lower D

Please provide the following information (the number of players for each group listed below):

Returning players: _____ New A/B players _____ New C players _____ New D players _____

We will use the information above to place teams in one of the three NLWSL divisions. A summary will be sent to all managers prior to completion of the final schedule.

Would you like to be linked to the NLWSL Website YES NO

Would you like any additional information listed for your sponsor? *If so, please attach it or list it on back.*



Team Manager _____ **Phone Number:** _____

Manager Mailing Address: _____

Manager Email Address: _____

Alternate Contact Name: _____ **Phone Number:** _____

Weekends that your team would prefer to have byes (Please list in order of priority) no guarantees **If your team is not interested in playing Pride Picnic at Como Park you need to include that as a bye week request. All games June 16th will be played at Como Park:**

1. _____
2. _____
3. _____