

Central Virginia Soccer Association

P.O. Box 18176
 Richmond, Virginia 23226
 www.cvsasoccer.org
Fall Team Registration Form

Team Name	
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Jersey Color		Alt. Jersey Color	
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****teams are responsible for having jerseys or T-shirts, all the same color and design, with numbers on the back*

Time Preference	9:00 AM		11:00 AM		1:00 PM		3:00 PM	
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Division Preference	Premier		1st		2nd		3rd		4th	
	5th		6th		7th		Veterans 40+		Women's	
	Coed Competitive <i>Tue Evenings</i>			Coed Recreational <i>Wed Evenings</i>						

CVSA Cup	
Y	N

Copa Bruce	
Y	N

**Premier, 1st and 2nd Division teams may only choose CVSA Cup. All other divisions may choose to play in either CVSA Cup or Copa Bruce.*

Field Preference	Central <small>(Bryan Park, etc.)</small>	West End <small>(Short Pump, etc.)</small>	Southside <small>(Ukrop Park)</small>	East End <small>(Dorey Park)</small>
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****time, division & field preferences can not be guaranteed and requests are only used as guides*

Primary Team Contact

First Name	
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Last Name	
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Address	
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City & Zip Code	
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Home		Cell	
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Work		Ext.	
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E-Mail	
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E-Mail 2 <small>*Optional</small>	
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Secondary Team Contact

First Name	
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Last Name	
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Address	
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City & Zip Code	
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Home		Cell	
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Work		Ext.	
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E-Mail	
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E-Mail 2 <small>*Optional</small>	
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I understand that alcohol is not permitted at CVSA fields before, during or after CVSA matches and will relay this message to my teammates and our spectators.

_____ _____
 Captain's Signature Date