Central Virginia Soccer Association

P.O. Box 18176
Richmond, Virginia 23226
www.cvsasoccer.org

Summer Team Registration Form

Team Name							
Night Preference	**Monday / Wednesday** ☐	**Division Preference**	**Premier** ☐	**Second** ☐	**Fourth** ☐		
	Tuesday / Thursday ☐		**First** ☐	**Third** ☐	**Women's** ☐		
	Sunday ☐		**Coed Comp.** ☐	**Coed Semi** ☐	**Coed Rec.** ☐		
Color Preference							

Primary Team Contact

First Name				
Last Name				
Address				
City & Zip Code				
Home	– –	**Cell**	– –	
Work	– –	**Ext.**		
E-Mail				
E-Mail 2 **Optional*				

Secondary Team Contact

First Name				
Last Name				
Address				
City & Zip Code				
Home	– –	**Cell**	– –	
Work	– –	**Ext.**		
E-Mail				
E-Mail 2 **Optional*				

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* _____