

ALABAMA STATE LEAGUE

BOND REFUND REQUEST

Check here if your team is **NOT** participating. **Provide team agent information for refund.**

DI STATE CUP WINNER participating in Regionals

DII STATE CUP WINNER participating in Presidents Cup

Team Registration:

DIVISION LAST FALL _____

AGE GROUP U- _____

BOYS GIRLS

Refer to age groups table

Read this form in its entirety. Submission of this form implies the team administrators have read and understood all responsibilities for league participation. Please type or print neatly; incomplete or illegible paperwork delays communications and is ultimately the charge of the team.

TEAM NAME _____

Name must be unique within league/club

CLUB AFFILIATION _____

CLUB REGISTRAR _____ PHONE NUMBER _____

Email _____

Unless otherwise designated by marking the appropriate box , coach will receive all mailings.

COACH'S NAME _____

ADDRESS _____ City _____ AL ZIP _____

PHONE (H) _____ (W) _____

(Cell) _____ (Fax) _____

Email _____

MANAGER'S NAME _____

ADDRESS _____ City _____ AL ZIP _____

PHONE (H) _____ (W) _____

(Cell) _____ (Fax) _____

Email _____

Performance bond refunds will only be issued to those teams NOT participating in the Spring League and completion of this form.

Mail to:

**Alabama Soccer Association
4678 Valleydale Road, Suite 200
Birmingham, AL 35242**