

VERMONT SOCCER LEAGUE
Division I New Team Application

Club Name _____

Team Name _____

Team Age Group _____

Previous Season Record 2016 _____ 2017 _____

Tournaments Participated In

Please attach a copy of current roster to this form and mail to:

Vermont Soccer Association
Attn: League Coordinator
528 Essex Road, Suite 208
Williston, VT 05495