Utah Youth Soccer Association
9159 South State Street
Sandy, UT 84070
Phone: 801-307-5150
Fax: 801-998-8421

Independent Team Alignment Petition Request Form

2019/20 Season Information			
Team Name in Affinity			
Team ID in Affinity			
Gender/Age Group (i.e., GU11)		Bracket (i.e., P1 D2, Metro A,	
Bracket Placement		Points Earned in Bracket	
2018/19 Season Information			
Team Name in Affinity			
Team ID in Affinity			
Age Group and Bracket Request (i.e., BU12 P1)			

◯ Team holds natural transitional spot as long as there are 9 returning players from the 2018/19 Season. (i.e., U16 P1 with 99 and 00 birth year players they hold same spot in U18 P1 if there are 9 returning players.)
◯ 7-8 Returning players – relegated one division
◯ 5-6 Returning players – relegated two divisions
◯ <5 Returning players – New teams starting in the IRL

Please fill in the appropriate roster information for your team's Alignment Petition Request (For additional spaces please see the last page of this form.)

Returning (Yes or NO)	Player Name	Player ID #	Birthdate	Previous Team	Bracket 2016-17

(additional space)

	Player Name	Player ID #	Birthdate	Previous Team	Bracket 2016-17