

LENEXA  
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## Adult Team Application

### GENERAL TEAM INFORMATION

(PLEASE CIRCLE ALL WHICH APPLY)

TEAM NAME: \_\_\_\_\_ TEAM #: \_\_\_\_\_

SESSION: Winter I Winter II Winter III Spring Summer I Summer II Fall

LEAGUE: MEN'S WOMEN'S COED

DIVISION: A B C D O30 SOCCER MOMS

LEVEL: COMPETITIVE RECREATIONAL NOVICE DIV. 1 DIV. 2 DIV. 3

DAY: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SUNDAY

### MANAGER'S INFORMATION

(PLEASE COMPLETE IN FULL)

MANAGER'S NAME: \_\_\_\_\_ MANAGER'S #: \_\_\_\_\_  
(FIRST) (LAST)

HOME ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (HOME) ( ) \_\_\_\_\_ (WORK) ( ) \_\_\_\_\_

(CELL) ( ) \_\_\_\_\_

(OFFICE USE ONLY)

Special instructions/ Requests:

(OFFICE USE ONLY)

Date: \_\_\_ / \_\_\_ / \_\_\_ Amount Paid: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Initials: \_\_\_\_\_ Signed team contract: Y / N