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Youth Team Application

GENERAL TEAM INFORMATION

(PLEASE CIRCLE ALL WHICH APPLY)

TEAM NAME: _____ **TEAM #:** _____ **SESSION:** Winter 1, Winter 2, Summer

TEAM AGE: U7, U8, U9, U10, U11, U12, U13, U14, U15, U16, U17, U18, U19 **SEX:** BOYS GIRLS

TEAM CLASSIFICATION: PREMIER SELECT RECREATIONAL

FIELD FORMAT: FULL FIELD 3V3 FIELD (U13 -U14) 4V4 FIELD (U7-U12)

PREFERRED DIVISION: U8 U10 U12 U14 U16 U19 Div. 1 Div. 2 Div. 3

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) () _____

COACH'S INFORMATION

(PLEASE COMPLETE IN FULL)

COACH'S NAME: _____ **COACH'S #:** _____
(FIRST) (LAST)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____

PHONE NUMBERS: (HOME) () _____ (WORK) () _____

(CELL) () _____

(OFFICE USE ONLY)

Date: ___/___/___ Amount Paid: _____ Receipt#: _____ Initials: _____ Signed team contract: Y / N