



2025 TEAM APPLICATION

DATE: _____

TEAM NAME: _____

Recreation program or League: _____

AGE GROUP (CIRCLE): **U10** **U12** **BOYS** **GIRLS**


HEAD COACH: _____


 **Cell:** _____

 **Email:** _____

TEAM MANAGER: _____

 **Cell:** _____

 **Email:** _____

 **Address:** _____

City: _____ **Zip:** _____

**Tournament applications can be emailed to freeze@atascaderosoccer.org or
mailed to: Atascadero Youth Soccer, P.O. Box 153, Atascadero, CA 93423**

