

LONDON & DISTRICT YOUTH SOCCER LEAGUE

2010 CLUB REGISTRATION FORM

Club Name: _____

Club Mailing Address: _____

Club's Board of Directors

President: _____ **OSA Number:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Vice-President: _____ **OSA Number:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Secretary: _____ **OSA Number:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Treasurer: _____ **OSA Number:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Club Contact: _____ **Telephone No:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Director: _____ **Telephone No:** _____

Address: _____ **E-mail address:** _____
_____ **Ontario Postal Code:** _____ **Telephone:** (____) _____

Director: _____ **Telephone No:** _____

Address: _____ E-mail address: _____

_____ Ontario Postal Code: _____ Telephone: (____) _____

Director: _____ **Telephone No:** _____

Address: _____ E-mail address: _____

_____ Ontario Postal Code: _____ Telephone: (____) _____

Director: _____ **Telephone No:** _____

Address: _____ E-mail address: _____

_____ Ontario Postal Code: _____ Telephone: (____) _____

Club Official: _____ **Date:** _____

(Print Name)

(Signature)

Registration by Mail: Send Club registration form to:

London and District Youth Soccer League
Suite 392 – 1326 Huron Street, London, Ontario N5V 2E2

Register in Person: LDYSL RGM Saturday, January 23, 2010 Greek Canadian Club 9:30 am
OR

EMSA Office: Saturday, February 13, 2010 10:00 am – 12:00 pm ----Deadline for registration.

For Office Use Only

Received by: _____ Date: _____