

## Application to Form Competitive/Rec All Star Team

### Murray/Calloway County Soccer Association

Form must be submitted to MCCSA Competitive Coordinator or a Competitive Committee Member.  
See [www.beeecreek.org](http://www.beeecreek.org) for a list of all MCCSA Board Members and the current MCCSA Competitive Team Rules.

☐ Renewal                      ☐ New Team  
☐ Competitive                ☐ Rec All Star  
Season \_\_\_\_\_ Age Group \_\_\_\_\_ ☐ Boys                ☐ Girls

Team Name \_\_\_\_\_

#### Head Coach

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years Soccer Coaching \_\_\_\_\_ ☐ Competitive                ☐ Rec  
Coaching Licenses Held \_\_\_\_\_  
Year Earned \_\_\_\_\_ ☐ Current                ☐ Expired  
Soccer playing experience \_\_\_\_\_  
\_\_\_\_\_

#### Assistant Coach #1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years Soccer Coaching \_\_\_\_\_ ☐ Competitive                ☐ Rec  
Coaching Licenses Held \_\_\_\_\_  
Year Earned \_\_\_\_\_ ☐ Current                ☐ Expired  
Soccer playing experience \_\_\_\_\_  
\_\_\_\_\_

## Assistant Coach #2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years Soccer Coaching \_\_\_\_\_ ☐ Competitive ☐ Rec  
Coaching Licenses Held \_\_\_\_\_  
Year Earned \_\_\_\_\_ ☐ Current ☐ Expired  
Soccer playing experience \_\_\_\_\_  
\_\_\_\_\_

## Team Manager

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years Soccer Coaching \_\_\_\_\_ ☐ Competitive ☐ Rec  
Coaching Licenses Held \_\_\_\_\_  
Year Earned \_\_\_\_\_ ☐ Current ☐ Expired  
Soccer playing experience \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Team Official Title Date

*Submit this form to the MCCSA Competitive Coordinator or a member of the MCCSA Competitive Committee.*

*Official Roster and Player Cards will not be provided until all signatures have been obtained. Allow 7 days for processing by MCCSA Registrar.*

**For MCCSA use only**

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Team Name \_\_\_\_\_

Season \_\_\_\_\_ Age Group \_\_\_\_\_ ☐ Boys ☐ Girls

Head Coach \_\_\_\_\_

Date Form Received \_\_\_\_\_ Received From \_\_\_\_\_

Received By \_\_\_\_\_ Title: Competitive Coordinator or Committee Member

Team Approved: Yes/No Coaches Approved: Yes/No

Signature #1 \_\_\_\_\_ Title: Competitive Coordinator or Committee Member

Signature #2 \_\_\_\_\_ Title: Competitive Committee Member

Date of Tryouts \_\_\_\_\_ MCCSA Representative at Tryouts \_\_\_\_\_

Tryouts Publicized and Conducted Properly: Yes/No

Signature \_\_\_\_\_ Title: Competitive Coordinator

Date Roster Received \_\_\_\_\_ # of Players \_\_\_\_\_ By: Competitive Coordinator

Date Roster Approved \_\_\_\_\_ By: \_\_\_\_\_ Competitive Coordinator

Date Schedule Received \_\_\_\_\_ # of Home Games \_\_\_\_\_

By: \_\_\_\_\_ Competitive Coordinator

Date KYSA Official Roster provided to team \_\_\_\_\_ By \_\_\_\_\_

Date Player Cards provided to team \_\_\_\_\_ By \_\_\_\_\_

Roster and Player Cards to be provided by MCCSA Registrar

*File a copy of this form, official roster, and schedule in MCCSA Competitive Coordinators Notebook.*