Suburban Amateur Football League

Application for the 2025 Season Print all information below

ame of Organization	(FULL NAME OF ORGANIZATION)
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ague Representative:	
	Zin
	Zip
*******	*********************
rt A: Public Support:	
Are you affiliated with y	our towns/city Parks and Recreation Dept. Yes No
If you circled yes: Amount of affiliation:[] Program run by Parks and Recreation Dept.
	[] Receives funds from city/town
	[] Parks and Recreation Dept. maintains fields
Name of Director:	
Address	
Phone #	
Cell #	

PRESIDENT: Name _____ Address _____ City/Town Zip Email _____ TREASURER: Name _____ Address _____ City/Town _____Zip_____ Email _____ **REGISTRAR:** (person responsible to the league for your organizations paperwork: City/Town Zip Cell #_____ Email ______ Person to receive checks for the Officials: Name Address _____ City/Town _____Zip_____ Email _____ Person in charge of cheerleading: Name ______ Address _____ City/Town Zip Email _____

Part B: Organization's Officers

Name of Organization							
Part C: Field Inform	nation:						
Practice Field							
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-							
_							
Days of Practice (during season after school	starts) Tim	e of Practice				
MON	_ TUES WED	THUR_	FRI	SAT			
Home Varsity Gam	e Information:						
_	s will start at 12:00pm - Sati	urday Varsity (names will start a	t 4:30nm (PW _ IR _ SR)			
Sullday varsity gaines	s wiii start at 12.00pm - Oati	urday varsity (games wiii start a	t 4.30pm (i vv – 310 – 310)			
Field:							
Address: _							
Directions: _							
<u>-</u>							
_							
Toilets:			no				
Concession Stand:			no				
ls water availa	yes	no					
Home Junior Varsit	ty Game Information:						
	your Home JV game. (Not	included in du	ıes)				
. ,	are played on Saturday mor		,	JR – PW)			
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Field:							
Address:							
Directions:							
Toilets:		yes	no				
Concession Stand:		yes	no				
Is water available for visiting teams?		yes	no				

Person in charge of field:		Person in charg	e of Concession Stand:		
Name		Name			
Address		Address			
City /Town	Zip	City /Town	Zip		
Telephone #		Telephone			
Part D: Scheduling Informatio	on:				
Varsity home games: please ci	rcle choice of day(s) and number of home	e games – total of 4		
Saturday night – number of gam	nes 1 2 3 4 or	Sunday afternoon –	number of games 1 2 3 4		
(we cannot guarai	ntee 4 Satı	ırday night g	ames)		
Please list all restrictions and / c committee to consider for the 20 requested by your organization.)					
********	******	*******	******		
SAFL Application Fee: SAFL Officials Schedu Total Due: \$330.00)5.00			
Make check payable to: Sub	ourban Amate	ur Football Leagı	ıe		
Send League Application to:	P.O. Box 80	mateur Football I 5 ey, Ma 01075	_eague		

*APPLICATION & FEE MUST BE RECEIVED BY MAY 1st *

DO NOT SUBMIT APPLICATION UNLESS ALL FIELDS ARE FILLED OUT