

FC YORK SOCCER CLUB

TEAM INFORMATION

ALL TEAMS MUST FILL OUT & RETURN TO THE FC YORK REGISTRAR

AGE GROUP - _____

GENDER - _____

NAME of TEAM - _____

HEAD COACH - _____

ASSISTANT COACHES - _____

TEAM MANAGER - _____

• PHONE NUMBER - _____

• E-MAIL - _____

LEAGUE - _____

• IF CPYSL (WHICH DIVISION) _____

SEASONS YOU PLAN TO PLAY (CIRCLE ALL THAT APPLY)

• FALL - SNOWFLAKE - SPRING - INDOOR STATE CUPS - OUTDOOR STATE CUPS

HOME GAME FIELD - _____

LAST YEAR'S LEAGUE - _____

LAST YEAR'S RECORD - _____

PLEASE RETURN TO - KENT NEFF
1650 FIRST AVENUE
YORK, PA 17403

MOBILE - 717-542-6400
FAX - 717-846-9778
E-MAIL - kentneff@comcast.net