



Date: ___/___/___

Season: _____

SSGSL POOL PLAYER REQUEST FORM

SSGSLNV@aol.com

Fax #: 702-259-6602

Team Name: _____

Age Group: _____

Contact Phone: _____

Anticipated Roster Size: _____

Email: _____

Number of Players Needed: _____

I. COACHING INFORMATION

Head Coach Name: _____

Duration w/ Current Team: _____

Coaching Exp. in this Age Group: _____

Overall Coaching Experience: _____

Licensing / Cert(s): _____

Note: Licensing and Certification requirements vary for each age group. Please visit www.usysnv.net to view NV Bylaws

Asst Coach Name: _____

Duration w/ Current Team: _____

Coaching Exp. in this Age Group: _____

Overall Coaching Experience: _____

Licensing / Cert(s): _____

Notable Team / Coach Philosophies: _____

II. PRACTICE INFORMATION

Practice Location: _____

Crossroads: _____

Practice Night(s): _____

Practice Time(s): _____

III. TEAM FEES FOR CURRENT SEASON ONLY (Does not Include The Silver State Girls Soccer League Fees)

Uniform Fee per Player: Approx \$ _____

Includes: _____

Team / Club Registration: Approx \$ _____

Other (ie.Equipment): Approx \$ _____

Approx Total \$ _____

IV. TOURNAMENT INFORMATION

Tourney 1 Name: _____

Tourney Location (City): _____

Tourney 1 Dates: _____

Tourney Fees / Player (Approx): \$ _____

Tourney 2 Name: _____

Tourney Location (City): _____

Tourney 2 Dates: _____

Tourney Fees / Player (Approx): \$ _____

Tourney 3 Name: _____

Tourney Location (City): _____

Tourney 3 Dates: _____

Tourney Fees / Player (Approx): \$ _____

Is this Team Likely to Compete in the NV State Cup Championship Series? Y N

NOTE: The Annual NV State Cup is a competitive tournament for U11-U19 teams that is held every Spring.