



## CDYSL FALL LEAGUE TEAM PLACEMENT COVER SHEET

**Due to CDYSL by Friday September 2, 2011 by 5:00 PM**

To : CDYSL Games Committee  
19 Aviation Road, Albany, NY 12205-1142

From : \_\_\_\_\_, President  
\_\_\_\_\_ Soccer Club

Phone Number: \_\_\_\_\_ E-Mail Address:  
\_\_\_\_\_

**Team Placement Check List:** Please make sure ALL forms are filled out completely and signed by your Club President

{\_\_\_\_} \_\_\_\_\_  
(Number of Forms)

**Team Placement Forms**

{\_\_\_\_} \_\_\_\_\_  
(Total Amount)

**Check for payment of fees**  
**\$80.00 x \_\_\_\_\_ Teams\* = \$\_\_\_\_\_**

{\_\_\_\_} \_\_\_\_\_  
*Check only if qualified fields are available  
at the same location (see commitment form for specs)*

**#Fields Available / Field Commitments  
forms attached**

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Signature of Club President and Date

Date Received in League Office: \_\_\_\_\_