



# 2011 CDYSL -Fall Season TEAM PLACEMENT FORM

Due in CDYSL Office  
no later than 5 P.M. on Friday, Sep 2, 2011

**CLUB:** \_\_\_\_\_ **TEAM NAME:** \_\_\_\_\_

Registered U-age / Gender of Team \_\_\_\_\_ / \_\_\_\_\_ # Players on Official CDYSL Roster: \_\_\_\_\_

Head Coach: \_\_\_\_\_  
(The head coach is the league's primary contact- - do not list anyone else)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(This information is required so that other coaches may be informed of all changes)

## 2010 Age / Division Placement Request:

- |                                   |                                    |                                    |                                    |
|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> U08 Coed | <input type="checkbox"/> U10 Boys  | <input type="checkbox"/> U12 Boys  | <input type="checkbox"/> U14 Boys  |
|                                   | <input type="checkbox"/> U10 Girls | <input type="checkbox"/> U12 Girls | <input type="checkbox"/> U14 Girls |

To help with placement please indicate team experience / skill level:

- |                                 |                                  |  |
|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Strong | <input type="checkbox"/> Average | <input type="checkbox"/> Inexperienced |
|---------------------------------|----------------------------------|--|

**PLAY DATES:** Fall program will be played on Sunday with Saturday as an alternate day.

**NO PLAY DATES:** Remember this is a limited season and the scheduling is very tight. However, we will allow you **request** a no play date and we will try to accommodate it. Once scheduling starts we cannot accept changes or additional requests.

1- \_\_\_\_\_

**ADDITIONAL INFORMATION:** Use this area to provide the Games Committee with additional information to support this team's experience and skill level. (For example, provide last year's record if the team is mostly the same, tournament records, list the teams with which you are most competitive.)

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Signature of Person Completing form: \_\_\_\_\_

Signature of Club President: \_\_\_\_\_

Mail to: CDYSL, 19 Aviation Rd,  
Albany, NY 12205