

AL CAFFODIO LEAGUE APPLICATION

Team Name: _____

Age Group/Gender: _____

Club: _____

Coach Name: _____

Telephone Number: _____

E-Mail: _____

Team Manager Name (if applicable): _____

Telephone Number: _____

E-Mail: _____

District Commissioner Signature: _____

(I approve the application of this team to play in the Al Caffodio League during the 2009 playing season.)