



WSYBL Team Registration Form

Registration form due no later then Oct. 1st

Please **PRINT NEATLY**; the team contact list will be created from this form:

Team Name: _____ Age Group: _____
(This is how it will appear in the standings)

Head Coaches Name: _____

Address: _____

City, Zip: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____

Preferred Email Address (only one): _____

If Part of a larger Organization

Presidents Name: _____ Phone: _____

Presidents Email: _____

For WSYBL Use Only:

Organization Paid with 1 check Yes No

Amount Paid: _____ Check Number: _____ Date Paid: _____

Submit Registration form and checks:

Ken Bigler
5339 W Westfield Rd
Mequon, WI 53092-4541

Checks should be made out to the
"WSYBL".

Registration form must be accompanied by **2 separate checks**.
A **\$160** check for League fee and a **\$120** forfeit fee check, which will
be returned un-cashed if not needed.

**There will be no refund of League Fees once a
team has been accepted into the WSYBL.**

NEW TEAMS (including ALL U9) MUST COMPLETE PAGE 2

***This page is to be filled out by NEW teams to the WSYBL only.
This includes ALL U9 teams***

This Application is due no later than **October 1st**. The WSYBL Board of Directors will review this application and vote on acceptance before the league meeting in January and you will be notified of the results.

Did this team play in a league last year? _____ If So, which one? _____

What place did you take? _____ What was your record? _____

**Did your team play any WSYBL teams last year?
If so who, when and what were the scores?**

Have you read and agree to the WSYBL rules? _____

Do you have a home field? _____

Have you already selected your entire team? _____

Have they all committed to playing? _____

How many players do you plan on carrying? _____

Do ALL of your players meet league eligibility rules? _____

Which School District? _____

Additional Comments? (use back if necessary)