

District _____

Age _____

Gender _____

Pre-Alignment Team Information / Team Composition

Please complete this form and submit to your District Competition Director prior to pre-alignment meeting.

Team Information:

Current Team Name _____

Previous Season Team Name _____

Coaching Changes: Past & Present _____

Current Head Coach Info

Name: _____

Phone #: _____

Email: _____

Most Recent UYSA Season Record:

Year/SeasonAge/DivisionWinsLossesTiesGoals forGoal againstFinal Standings

State Cup Results:

AgeWinsLossesTiesGoals forGoals againstFinal Results/Standings

Roster/Player Information:

Please provide information concerning your current roster including:

1. Number of returning players _____

2. New players and their previous teams _____

3. Player individual achievements and recognition _____

4. Other pertinent player information as necessary _____

Tournament Record:

Three most recent tournaments in last calendar year: (Attach rosters including information on any guest players from these tournaments)

TournamentDateWinsLossesTiesGoals forGoals againstFinal Standings

Additional Information:

Please provide additional information that may be useful for alignment purposes.

(Attach additional pages as necessary)

Alignment Placement Request
