



SCMAF Youth Team Registration Cover Sheet

Agency _____ League Director _____
 Address _____ City _____ Zip _____
 Work Phone _____ E-Mail _____
 ___ Check enclosed ___ Bill Agency

USE A SEPARATE FORM FOR EACH SPORT/LEAGUE

League Start Date: _____ League End Date: _____
 Pre-Season Dates: _____

Check:

| <u>Sport</u> | <u>League</u> | <u>Fee Schedule</u> |
|------------------------------|----------------------------------|--|
| ___ Basketball (Due 2/1) | ___ Boys | ___ # Teams Registration Only (\$3.00ea) |
| ___ Softball | ___ Girls | ___ # Teams PMBF* |
| ___ Flag Football (Due 10/1) | | ___ # Teams Accident Protection* |
| ___ Hockey | | *Includes Registration |
| ___ Soccer (Indoor) | <u># Teams by Divison</u> | |
| ___ Soccer (Outdoor) | Boys Div. AA | ___ A ___ B ___ C ___ = _____ |
| ___ Volleyball (Due 10/1) | Girls Div. AA | ___ A ___ B ___ C ___ = _____ |
| | Total: | _____ |

Note: All teams in All divisions must be registered to be eligible to participate in SCMAF tournaments/ competitions.

Attach Either:

-SCMAF Team Registration Form

OR

-A copy of your in-house registration list, contact list or schedule which contains the Team Name and Coach's Name and Address, along with this Cover Sheet.

Remember to also specify which teams should be covered by either PMBF of Accident Protection.

**Mail to SCMAF, P.O. Box 3605, So. El Monte, CA 91733 or Fax (626) 448-5219, or
 E-Mail; scmaf@scmaf.org**