COMMUNITY SERVICES
Athletics

SOCCER QUESTIONNAIRE

(Please answer the questions below)

1. TEAM NAME: _____

2. SELECT THE LEAGUE YOU ARE APPLYING FOR:

- ☐ MEN'S A Division 11v11
- ☐ MEN'S B Division 11v11
- ☐ MEN'S C Division 11v11
- ☐ COED Division 11v11
- ☐ COED A Division 7v7
- ☐ COED B Division 7v7
- ☐ COED C Division 7v7
- ☐ COED D Division 7v7
- ☐ MEN'S MASTERS (All players must be 35 & over)
- ☐ MEN'S A Division 7v7
- ☐ MEN'S B Division 7v7
- ☐ MEN'S C Division 7v7
- ☐ MEN'S D Division 7v7
- ☐ WOMEN'S Division 7v7

3. INDICATE BY PRIORITY (1, 2, 3, 4) WHICH DAY YOU WISH TO PLAY:

_____ MONDAY

_____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

_____ SUNDAY

4. MAIN JERSEY COLOR: _____

BACK-UP JERSEY COLOR: _____

5. HAVE YOU PREVIOUSLY PLAYED IN THE CITY OF IRVINE ADULT SOCCER LEAGUE?

- ☐ NO
- ☐ YES

6. WHAT WAS YOUR TEAM NAME AND WHO WAS YOUR MANAGER?

TEAM NAME: _____

MANAGER*: _____

7. WHAT WAS YOUR TEAM'S RECORD?

_____ WINS

_____ LOSSES

_____ TIES

8. IF WE ARE UNABLE TO CONTACT YOU REGARDING YOUR TEAM, WHAT OTHER PLAYER/PERSON SHOULD WE CONTACT?

NAME*: _____

PHONE* _____

E-MAIL*: _____