



BEST SOUTHWEST SEEDING FORM – Spring/Fall 2020

ASSOCIATION NAME: DeSoto Soccer Association

ASSOCIATION PRESIDENT: NANCY SAVALA

TEAM NAME (Spring/Fall 2020 SEASON) _____

AGE GROUP U- _____ BOYS / GIRLS (PLEASE CIRCLE ONE)

TEAM NAME (SPRING 2019 SEASON) (IF THE TEAM NAME ABOVE IS DIFFERENT)

TEAM COLORS – JERSEY _____ / SHORTS _____

ALTERNATE COLORS – JERSEY _____ / SHORTS _____

IS THIS TEAM AN ACADEMY TEAM? ** YES OR NO _____

COACH: NAME (PLEASE PRINT) _____

COACH: PHONE NUMBER _____

COACH: EMAIL ADDRESS _____

DO YOU COACH A SECOND TEAM IN **BEST SOUTHWEST INTERPLAY** ** YES OR NO _____

TEAM NAME _____ AGE GROUP U- _____ BOYS / GIRLS

DO YOU COACH A THIRD TEAM IN **BEST SOUTHWEST INTERPLAY** ** YES OR NO _____

TEAM NAME _____ AGE GROUP U- _____ BOYS / GIRLS

EXCEPTIONS FOR THE CURRENT SEASON (YOU ARE ONLY ALLOWED TWO EXCEPTIONS PER SEASON)

FIRST EXCEPTION ** DATE – _____ / **SECOND EXCEPTION** ** DATE – _____

COACH SIGNATURE _____ DATE – _____

(NOTE) – IF THE COACH WAS UNAVAILABLE TO SIGN THE SEEDING FORM, PLEASE PRINT THE NAME OF THE PERSON SUBMITTING THIS FORM.

ALTERNATE NAME (PLEASE PRINT) _____ DATE – _____

BY SIGNING THIS FORM, YOU ARE AGREEING TO ABIDE BY ALL OF THE CURRENT BYLAWS OF THE BEST SOUTHWEST SOCCER ASSOCIATION.