

Frontier Country Soccer Association
Team Information for Scheduling Form

Directions: Complete the form by answering all questions. Print legibly or type. Mark **N/A** in any question that does not apply. Upon completion, submit this form with a **copy of your preliminary roster** to FCSA office for scheduling. You **must** select a time for Sunday game(s).

FAX: (405)946-5266 Mail: FCSA, 1235 Sovereign Row, Suite C11, OKC, OK 73108 email
administrator@okfcsoccer.com

Club or Association information:

Name: _____
President or Coordinator: _____
Phone: _____ Email: _____

Team information:

Team Name: _____
Age Group: U _____ (Check one) Boys: ___ Girls: ___ (Check one) Rec: ___ Comp: ___
Colors: Primary _____ Alternate: _____

Coach:

Name: _____
Address: _____
City _____ State _____ Zip Code: _____
Home Phone: () _____ Work Phone: () _____
Cell phone: () _____ Email: _____

Assistant coach or trainer:

Name: _____
Address: _____
City _____ State _____ Zip Code: _____
Home Phone: () _____ Work Phone: () _____
Cell phone: () _____ Email: _____

Manager:

Name: _____
Address: _____
City _____ State _____ Zip Code: _____
Home Phone: () _____ Work Phone: () _____
Cell phone: () _____ Email: _____

Field information:

Home field number and location used by this team: _____

Are lights available at this field? Yes ___ No ___

List dates this field will **not** be available (ex: tournament) _____

Request information:

Select time for Sunday game(s): (Check one or more) 1PM ___ 3PM ___ 5PM ___

Bracket request (if available): Upper (A) ___ Middle (B) ___ Lower (C) ___

List tournaments with dates you plan to attend at this time:

Special request: This if for any other special request such as travel restrictions, team conflicts, Spring break, etc. Due to the large number of teams there is no guarantee this can be honored.
