

**ICCL Soccer  
Team Application Form**

**Sponsoring School** \_\_\_\_\_

**Additional Schools** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Varsity/ JV** \_\_\_\_\_

**Boys/Girls** \_\_\_\_\_

**Head Coach** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_  
**For all coaches** \_\_\_\_\_  
\_\_\_\_\_

**Athletic Director Signature** \_\_\_\_\_

**FORMS DUE BACK TO Joseph Pairitz by August 18<sup>th</sup>.**

**E-MAILED TO [pairitz@sbcglobal.net](mailto:pairitz@sbcglobal.net) OR FORMS CAN BE FAXED TO 259-0995**