

Tournament - Team Commitment Form

Great Lakes Coed Soccer League

Club name: _____ Fall / Spring 20__

Check the correct box for tournament teams.

Schedule all season teams

Schedule all season teams, **EXCEPT:**
(List team/teams **NOT** participating)

Field Information, if Hosting:

Age division(s) / field(s):

(1) _____

(2) _____

(3) _____

(4) _____

Scheduling/Conflict Instructions:

(Conflict for school event, coach, team, or field –
be specific)

Contact Person Name/E-mail: (for questions)