



# Las Vegas Indoor Soccer



## YOUTH INDOOR OFFICIAL TEAM REQUEST FORM

Season Starts: January 7th

Season Ends: March 24<sup>th</sup>

Registration Starts: October 22nd

Did you play here before? (Circle One) YES NO

If yes, please write team name \_\_\_\_\_

Last Season Played \_\_\_\_\_

Did you like your schedule? \_\_\_\_\_

Do you want a similar schedule? \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Age: \_\_\_\_\_

Coach/Manager Name: \_\_\_\_\_

Coach/Manager Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Coach/Manager Email: \_\_\_\_\_

Dates Requested Off / Date of Special Preference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weekday Game Preference(s) :

M T W TH F SUN

Full season schedule will be posted within 2 weeks of the first day of the season. Any request made past the posting of the full schedule will be changed under the digression of management. \*Requests made past full schedule posting are not guaranteed for make-up or reschedule.

Coach/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LVIS Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_