

UYSA Team Alignment Form

Current Age B/G U _____ Age/division/place last season B/G U _____ Div _____ Place _____

Current Team Name _____ Team name/number last season _____
 (Please enter your team name exactly as it appears in the Affinity season for last year and this year with your team number – See Your Registrar)

Current coach _____ Last season coach _____

Coach phone number (H) _____ (C) _____ Coach Email _____

Manager phone number (H) _____ (C) _____ Manager Email _____

Number of returning players from last season as of **State Cup Roster Freeze Date** _____ (minimum of 9 required for 11 v 11, 7 required for 8 v 8)
 (If you do not hold roster continuity you will be relegated down one division without exception. It is checked as part of the alignment process)

State Cup Record/ Finish W _____ L _____ T _____ Place _____

The competition committee follows guidelines regarding movement between divisions during the alignment process. Occasionally, circumstances allow teams to make additional movements. Please indicate in which division your team would like to be placed **IF CIRCUMSTANCES ALLOW**.

Division Request: B/G U _____ Division _____

Additional Information: Teams new the state program please attach your last season's standings with scores, tournament records, and any other info that maybe useful in the competition committee aligning your team.