

Utah Youth Soccer Association 9159 South State Street Sandy, UT 84070

Phone: 801-307-5150 Fax: 801-998-8421

Independent Team Alignment Petition Request Form

Season:						
Team Name in Affinity						
Team ID in Affinity						
Gender/Age Group (i.e., GU11)		Bracket (i.e., P1 D2, Metro A,				
Bracket Placement		Points Earned in Bracket				
Team Name in Affinity						
Team ID in Affinity						
Age Group and Bracket Request (i.e., BU12 P1)						
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Team holds a natural transitional spot as long as there are 9 returning players from the previous Season.						

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○7-8 Returning players – relegated one division	
O5-6 Returning players – relegated two divisions	
<5 Returning players – New teams starting in the IRL	

Please fill in the appropriate roster information for your team's Alignment Petition Request (For additional spaces please see the last page of this form.) Once completed, please forward to your CS representative.

Returning (Yes or NO)	Player Name	Player ID #	Birthdate	Previous Team	Bracket

(additional space)

Player Name	Player ID #	Birthdate	Previous Team	Bracket