

X-League Pre-Alignment

District: _____ Age: _____ Gender: _____

Pre-Alignment team information for the X-League. Please complete the form and submit to the UYSA State office.

Team Information

Team Name: _____

Number of years together: _____

Head Coach Information

Name: _____

Email: _____

Phone #: _____

Prior season record : Recreation: _____ X-League: _____

Wins: _____ Losses: _____ Ties: _____

Tournament record - three most recent tournaments.

<u>Tournament</u>	<u>Date</u>	<u>Wins</u>	<u>Losses</u>	<u>Ties</u>	<u>Place</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Clubs: Director of Coaching comments on team and where they should be placed in the alignment:

DOC Signature: _____ Date: _____

UYSA use only:

Age group: _____

Season start: _____

Season end date: _____

Division: _____

Number of games: _____

Signature: _____

Date: _____