

**2009 Spring
U12 and Younger Developmental Team
Program Notification Form**

Check the appropriate boxes for your team: Boys Girls

Age of Developmental Team: U- _____

Scheduling meeting, March 10, 2009
Crowne Plaza, Cromwell - 6:00pm Boys & 7:30pm Girls

Name of Affiliated Club: _____

Name of Team: _____ Coach's Name: _____

Team Contact – all correspondence to be sent to:

Name: _____

Position: _____

Address: _____

Phone #: (h) _____ (w) _____

e-mail: _____

Club President's Signature: _____

Club President's Name: _____

Address: _____

Phone #: (h) _____ (w) _____

e-mail: _____

Complete one form per team. The team registration fee of \$20 must accompany this notification form.

Please note: Your pool roster must be sent to the CJSA Office **once it has been created and certified** by your district registrar.

Mail Notification and Payment to:
CJSA Office
Developmental Notification
11 Executive Drive
Farmington, CT 06032

Make check payable to CJSA

For Office Use Only: Notification Received Registration Fee Roster Received