

## City of O'Fallon Parks & Recreation Spring 2012 Youth Soccer

Request forms are due to Ashlee by July 16, 2012

Email to [akiefer@ofallon.mo.us](mailto:akiefer@ofallon.mo.us), fax to 636-474-8190 or drop off at RSC



Age Group (circle one)	COED	4&5	6&U	7&U	8&9	10&11
	BOYS	4&5	6&U			
	GIRLS	4&5	6&U	7&U	8&9	10&11
Coach 1				Coach 2		
Best #				Best #		
Secondary #				Secondary #		
Email Address				Email Address		
For scheduling purposes, list the age group(s) the coaches' other children play in:						

**Please read the following very carefully before submitting your request form:**

- \*You must list requested players' full names and phone numbers in the table below. (Don't forget your own child!)
- \*Please ensure that you have the correct spellings and numbers for each child. Children often have similar names.
- \*Eligibility is based on child's age as of 8/1/12 for Fall 2012 & Spring 2013 leagues.
- \*You are not required to request the maximum number of players for your age group. Children not requested will be randomly placed in empty roster spots.
- \*Make sure the parents on your team know which age group you are signing your child up for. Children must be registered in the same gender / age group as your child to be placed on your team.
- \*Roster Requests DO NOT register a child for the program and it DOES NOT guarantee a child a spot in the program.**
- \*Parents must register with O'Fallon Parks & Rec and pay the appropriate fee. Encourage parents to register early. If the child is not registered within the dates below or before the program fills, they will be placed on the waitlist. After all the children who are registered have been placed on teams, available spots will be filled with those on the waitlist in the order in which they were placed on the waitlist.
- \*A \$12 late registration fee will go into effect July 16. Registration will close on July 26 or when the program is full. Registration will not be allowed for anyone after that date.
- \*The Coaches' Meeting will be Saturday, August 11- 8am Pee Wee (4&5) / 9:30am all other age groups**

League	Roster Cap	Play	Goalie?
Pee Wee (4&5)	8	3 v 3	no
6 & U	10	5 v 5	yes
7 & U	14	7 v 7	yes
8 & 9	16	9 v 9	yes
10 & 11	18	11 v 11	yes

If you have any questions please contact Amy at [aanderson@ofallon.mo.us](mailto:aanderson@ofallon.mo.us) or 636-474-8111 or Ashlee at 636-474-8108 or [akiefer@ofallon.mo.us](mailto:akiefer@ofallon.mo.us)

Name		Phone Number		Name		Phone Number	
1				10			
2				11			
3				12			
4				13			
5				14			
6				15			
7				16			
8				17			
9				18			