

UYSA Pre-season 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 _____

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)

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

The alignment committee follows guidelines regarding movement between divisions. Occasionally, there are circumstances which allow us to move more teams up or otherwise divide the divisions. 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 to state program, please attach district standings and last season schedule with games and scores and tournament records.)