



P.O. Box 2844, Everett, WA 98213
Street Address: 2418 California St., Ste. B, Everett, WA 98213

APPLICATION FOR TEAM ENTRY - Mail white/yellow copies to above address.

Phone: (425) 252-2099 Fax: (425) 252-6290
Email: ncysa@premier1.net Website: www.scasa.com

Check one: Polar Bear 20___ Spring 20___ Summer 20___ Fall 20___

Team Name: _____ Former Name (s): _____

Team Color (s): _____ Former Division: _____

Division Requested (check one):

Men's Open A ___ B ___ Men's O30 A ___ B ___ C ___ D ___ Men's O40 A ___ B ___ Men's O48 ___
Women's Open ___ Women's O30 A ___ B ___ C ___ D ___ Women's O40 A ___ B ___ Women's O48 ___
COED Open A ___ B ___ C ___ COED O30 A ___ B ___ C ___ COED O40 ___

SCASA reserves the right to move teams to another division than requested. WSSA Player cards are required and number must be on the team registration form. All teams must pay their league fees in full by one check (not postdated). No cash/credit cards will be accepted. See cover letter for fee schedule. In the event your team drops from the league after schedules have been printed, you will be subject to a \$50 fine.

Manager's Name: _____ Home Phone: () _____

Mailing Address: _____ Work Phone: () _____

City: _____, WA Zip: _____ Cell Phone: () _____

Area team is from: _____ Email: _____

Alternate Team Contact (name and phone): _____

GAMES WILL BE ASSIGNED FIELDS/TIMES AT SCASA DISCRETION!!

Priority at Kasch will be to teams with 75% City of Everett residents. If you have a home field you wish to use other than Kasch Park, Stocker Field, Cities of Lynnwood/Marysville/Monroe complete the following:

Field: _____ Address: _____

Contact Name: _____ Phone: () _____

Day (s) and hours you have confirmed to play on field: _____

Please note any changes with your team that should be considered for division placement (i.e. experienced players added, dropped): _____

Additional Comments: _____

Manager's Signature: _____ Date: _____