



# Peninsula Veterans Soccer League 2020 Membership Application Form

Due No Later than February 15, 2020

The \_\_\_\_\_ Soccer Club hereby makes application for membership in  
the PVSL for the following team \_\_\_\_\_ for the 2020 Outdoor Season

By signing this application form, the team and club agree that they will Abide by the Constitution, By-Laws and Rules & Regulations of the Peninsula Veterans Soccer League. In addition, the team and club will accept the decisions of the PVSL Board of Directors including all payments of fees, fines and bonds.  
(available for review at - <https://pvsl.e2esoccer.com/PageDisplay.aspx?SideMenuID=69>)

**Annual Membership Fee - \$325.00**  
**New Team Performance Bond - \$250.00**  
**Please make all cheques payable to "Peninsula Veterans Soccer League"**  
**and mail to 3 Prince Henry Court, St. Catharines, Ontario L2N 2X8**  
**e-transfer: [pvslboard@gmail.com](mailto:pvslboard@gmail.com)**

Signature of Club President or Secretary	Name Printed	Date
--	--------------	------

### CLUB INFORMATION

Please Print all Information Below

Club President _____	Phone _____
Club Vice-President _____	Phone _____
Club Treasurer _____	Phone _____
Club Secretary _____	Phone _____
Club Administrator _____	Phone _____
Club Email address _____	

### CLUB CONTACT INFORMATION

Any PVSL Correspondence will be Sent to this Address

Name _____	Phone _____
Address _____	City _____
Postal Code _____	Email _____

Please Note - All teams must provide **two** email addresses



# Peninsula Veterans Soccer League 2020 Membership Application Form

Due No Later than February 15, 2020

## TEAM INFORMATION

Team Name \_\_\_\_\_

Home Colour \_\_\_\_\_ Alternate Colour \_\_\_\_\_

Home Field & Address \_\_\_\_\_

Date that your home field will first be available \_\_\_\_\_

Game Day Friday Preferred Kick-off Time 6:30 PM, 7:00 PM, 7:30 PM, 8:00 PM, 8:30 PM, 9:00 PM (Circle One)

## TEAM STAFF INFORMATION

Coach \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Assistant Coach \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Manager \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Club Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Black Out Date Request (One Date) \_\_\_\_\_