



BEST SOUTHWEST SEEDING FORM

Association Name: DeSoto Soccer Association

Association President: Christina Tyous

Team Name: _____ Age Group U _____ boys girls (circle one)

Team Name: If the team's name above is different _____

Team color: Jersey shirt _____ / Shorts _____

Alternate colors: Jersey shirt _____ / shorts _____

IS THIS TEAM AN ACADEMY TEAM? YES OR NO (circle one)

Coach Name (please print): _____

Coach Phone Number: _____

Coach Email Address: _____

Do you coach a second team in the Best Southwest Interplay? YES OR NO

Team Name _____ Age Group U _____ boys girls (circle one)

Do you coach a third team in the Best Southwest Interplay? YES OR NO

Team Name _____ Age Group U _____ boys girls (circle one)

EXCEPTIONS FOR THE CURRENT SEASON (YOU ARE ONLY ALLOWED TWO EXCEPTIONS PER SEASON)

FIRST EXCEPTION ** DATE _____ / SECOND EXCEPTION ** DATE _____

Coach Signature _____ Date _____

(If the coach is unavailable to sign, please print the name of the person submitting this form)

Alternate name (please print) _____ Date _____

By signing this form, you agree to abide by the Best Southwest Soccer Association's current bylaws.
Return the form to dsa.president001@yahoo.com