

\*COMPLETED FORM TO BE RETURNED TO PO BOX 82, FINDON, SA, 5023  
BY 15 JANUARY 2016 \*

## South Australian Amateur Soccer League

Corner of Military Road &  
Trimmer Parade, Grange

P.O. Box 82  
Findon SA 5023

### AFFILIATION FORM - SEASON 2016

Club Name \_\_\_\_\_

Is the Club an incorporated non-profit association?                      YES / NO

Club Mailing Address \_\_\_\_\_

\_\_\_\_\_

Club Email Address \_\_\_\_\_

Club Website \_\_\_\_\_

Ground Address \_\_\_\_\_

\_\_\_\_\_

#### **CLUB CONTACT** (to be published in yearbook)

Name \_\_\_\_\_

Telephone: home \_\_\_\_\_ mobile \_\_\_\_\_

Email \_\_\_\_\_

#### **OUR CLUB WISHES TO NOMINATE THE FOLLOWING TEAMS:**

(please circle)

Senior team	<input type="checkbox"/>	SAT/SUN
Reserve team	<input type="checkbox"/>	SAT/SUN
C Grade	<input type="checkbox"/>	SAT/SUN
Over 35's	<input type="checkbox"/>	SAT/SUN

Ground Availability from \_\_\_\_\_ to \_\_\_\_\_

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**CLUB COLOURS and PROPOSED PLAYING STRIPS**

**SENIOR TEAM ("A" TEAM)**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**Alternative Strip**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**RESERVE TEAM ("B" TEAM)**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**Alternative Strip**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**THIRDS TEAM ("C" TEAM)**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**Alternative Strip**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**OVER 35's TEAM**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

**Alternative Strip**

Shirt \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

*Please note: THE ALTERNATIVE PLAYING STRIP SHALL NOT CONTAIN ANY OF THE BASIC COLOURS OF THE FIRST CHOICE STRIP.*

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**CLUB OFFICIALS**

**President / Chairman**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone    home \_\_\_\_\_    work \_\_\_\_\_    mobile \_\_\_\_\_

**Secretary**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone    home \_\_\_\_\_    work \_\_\_\_\_    mobile \_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone    home \_\_\_\_\_    work \_\_\_\_\_    mobile \_\_\_\_\_

**Coach**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone    home \_\_\_\_\_    work \_\_\_\_\_    mobile \_\_\_\_\_

**BY APPLYING FOR AFFILIATION WITH THE SOUTH AUSTRALIAN AMATEUR SOCCER LEAGUE INC,  
CLUB AGREES TO COMPLY AND ABIDE BY THE CONSTITUTION AND THE RULES AND REGULATIONS  
THAT GOVERN THE S.A.A.S.L. INC COMPETITION.**

**Signed on behalf of above club:**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_

*\*ALL CLUBS PLEASE NOTE: Affiliation is subject to acceptance by the South Australian Amateur Soccer League's Management Committee, based on previous year's record and financial standing.*

**\*SPECIAL NOTES**