

Nevada South Youth Soccer League

5650 W. CHARLESTON #14, LAS VEGAS, NV 89146
702-877-2248 | NVSYSL@AOL.COM



Date submitted ____/____/____

Coach's name: _____ Phone number (____) _____

Actual Team(s) Names:

If you have more than one team to separate, please list from the top priority to last in order:

1. _____ Division ____ Gold ____ Silver ____ Bronze (if available)

AGE GROUP REQUESTED FOR THIS TEAM _____

2. _____ Division ____ Gold ____ Silver ____ Bronze (if available)

AGE GROUP REQUESTED FOR THIS TEAM _____

3. _____ Division ____ Gold ____ Silver ____ Bronze (if available)

AGE GROUP REQUESTED FOR THIS TEAM _____

If you have a certain time that you must have you team play, please write the 4 hour period that your team is available to play:

Day ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Saturday

_____ am/pm to: _____ am/pm

If you need an exception weekend for a tournament or special event, please list the Dates you do not want to be scheduled for league games:

1. _____

2. _____

3. _____

NSYSL does not guarantee all scheduling or division requests provided on this form. We will do our absolute best to accommodate all teams.

All requests must be submitted into the League office in writing by: August 1st, 2017.

You may scan and email this request to: NVSYSL@aol.com or:

Mail or bring in to: NSYSL 5650 W. Charleston #14, Las Vegas, NV 89146