

Jersey Area Girls Soccer

Mid Atlantic Premier Soccer

Please complete the Application on the next page and forward it to your appropriate age coordinator.



Mid Atlantic Premier Soccer (MAPS) *Application*

Club: _____ Team: _____

Age Group: _____ Contact Name: _____

Contact Address: _____

Home Phone: _____ Work phone: _____

Email address: _____ Cell phone: _____

Coach's Name: _____ Trainer's Name: _____

Current League: _____ Most recent League record: _____

Years team has been together: _____ MAPS Season (Fall/Spring/Both): _____

Team History. Build your case citing Tournament record, State Cup record, record against current MAPS teams, record against other high level teams, trainers, camps attended, ODP/State players, etc: