



Western Suburban Soccer League Membership Application

Club Name: _____

Primary Contact Name/Position: _____

Club Address: _____

Primary Contact Email: _____

Primary Contact Phone: (_____) _____

Club Website: _____

Board Member Names/Positions:

Number of players within your club: _____ In-House, _____ Travel (*Rec/Select/Premier*)

Number of Recreational Teams Expected for WSSL Competition Per Season: _____

Age Range: _____

Number of Select Teams Expected for WSSL Competition Per Season: _____

Age Range: _____

Number of Premier Teams Expected for MSPSP Competition Per Season: _____

Age Range: _____

Will you have teams participating as part of any other leagues outside of WSSL? If so, what league, how many teams and at what skill level? (*Ex: 4 select teams in __ League*)

Where are your home game fields? _____

Where are your practice fields? _____

Are there other WSSL clubs in your municipality or school district? _____

If yes, what club(s) and have you spoken with them about your intent to join WSSL?

Please send a link or PDF of any governing documents (bylaws, constitution, rules, regulations) alongside your application form & any other info all to chrisjackett@gmail.com & steven.felhauer@gmail.com.