

AYSO
Interplay Area 8B and 8J

Region name & location:

Scheduler Name:

Phone & email address:

U12 Boys # of teams _____ U14 Boys # of teams _____

U12 Girls # of teams _____ U14 Girls # of teams _____

Season start date

Season end date

Do you want your teams to be scheduled against your other teams ? Y/N
If yes, when? Beginning, Middle, End, or specific weeks _____

Please include other useful information, (travel restrictions, total # teams that I am not scheduling, weeks you need byes, teams looking for extra games etc.).

We will try to meet all requests, but there is no guarantee those request will be met.

After I receive forms from all regions I'll work out the schedule and email it along with the names, phone numbers, and e-mails of schedulers from all the regions. The scheduling meeting will be _____ to schedule times and places of games. The meeting will be in Wayland.

Return this form by _____ to:

Kathy Abts (269-686-0706, home or 616/890-2478, cell)
email: abtsker@hughes.net (***Please note, this has changed***)

I have reviewed and understand Area B Inter-Play and Sportsmanship Guidelines (www.aysoarea8b.org). I understand as Regional Commissioner, my region is responsible for any actions by the teams that participate in the Inter-play. I also understand that any inappropriate actions by teams, coaches, parents, etc, may result in the removal of the team (region) from inter-play.

Sign

Region

Date