

Suburban Amateur Football League

Application for the 2018 Season

Print all information below

Name of Organization _____
(FULL NAME OF ORGANIZATION)

League Representative:

Name _____

Address _____

City/Town _____ Zip _____

Cell # _____

Email _____

Part A: Public Support:

Are you affiliated with your towns/city Parks and Recreation Dept. **Yes No**

If you circled **yes**:

Amount of affiliation: Program run by Parks and Recreation Dept.

Receives funds from city/town

Parks and Recreation Dept. maintains fields

Name of Director: _____

Address _____

Phone # _____

Cell # _____

Name of Secretary: _____

Part B: Organization's Officers

PRESIDENT:

Name _____
Address _____
City/Town _____ Zip _____
Cell # _____
Email _____

TREASURER:

Name _____
Address _____
City/Town _____ Zip _____
Cell # _____
Email _____

REGISTRAR: (person responsible to the league for your organizations paperwork:

Name _____
Address _____
City/Town _____ Zip _____
Cell # _____
Email _____

Person to receive checks for the Officials:

Name _____
Address _____
City/Town _____ Zip _____
Cell # _____
Email _____

Person in charge of cheerleading:

Name _____
Address _____
City/Town _____ Zip _____
Cell # _____

Email _____

Name of Organization _____

Part C: Field Information:

Practice Field _____

Address: _____

Directions: _____

Days of Practice (during season after school starts) Time of Practice _____

MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____

Home Varsity Game Information:

Sunday Varsity games will start at 12:00pm - Saturday Varsity games will start at 4:30pm (PW – JR – SR)

Field: _____

Address: _____

Directions: _____

Toilets: yes _____ no _____

Concession Stand: yes _____ no _____

Is water available for visiting teams? yes _____ no _____

Home Junior Varsity Game Information:

You pay for officials at your Home JV game. (Not included in dues)

All JV games are played on Saturday morning start time 9:00 am (SR – JR – PW)

Field: _____

Address: _____

Directions: _____

Toilets: yes _____ no _____

Concession Stand: yes _____ no _____

Is water available for visiting teams? yes _____ no _____

Person in charge of field:

Name _____
Address _____
City /Town _____ Zip _____
Telephone # _____

Person in charge of Concession Stand:

Name _____
Address _____
City /Town _____ Zip _____
Telephone _____

Part D: Scheduling Information:

Varsity home games: please circle choice of day(s) and number of home games – total of 4

Saturday night – number of games 1 2 3 4 or Sunday afternoon – number of games 1 2 3 4

(we cannot guarantee 4 night games)

Please list all restrictions and / or information that your organization would like the scheduling committee to consider for the 2018 season: (The scheduling committee will try to accommodate all restrictions, requested by your organization.)

Application Fee: \$ 125.00

Make check payable to: Suburban Amateur Football League

Send League Application to: Suburban Amateur Football League
P.O. Box 805
South Hadley, Ma 01075

APPLICATION & FEE MUST BE RECEIVED BY MAY 1st

DO NOT SUBMIT APPLICATION UNLESS

ALL FIELDS ARE FILLED OUT