



LAMBTON KENT SOCCER ASSOCIATION

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INTER-DISTRICT LEAGUE REQUEST FORM

CLUB NAME: _____	TELEPHONE: _____
ADDRESS: _____	CITY: _____
POSTAL CODE: _____	
E-MAIL ADDRESS: _____	

TEAM NAME: _____	AGE DIV.: _____	M <input type="checkbox"/>	F <input type="checkbox"/>
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TEAM OFFICIALS	
TEAM HEAD COACH: _____	NCCP# _____
TELEPHONE: _____	
ADDRESS: _____	CITY: _____
POSTAL CODE: _____	
EMAIL ADDRESS: _____	
ASSISTANT COACH: _____	NCCP# _____
TELEPHONE: _____	
ADDRESS: _____	CITY: _____
POSTAL CODE: _____	
EMAIL ADDRESS: _____	
TEAM MANAGER: _____	NCCP# _____
TELEPHONE: _____	
ADDRESS: _____	CITY: _____
POSTAL CODE: _____	
EMAIL ADDRESS: _____	

CLUB OFFICIALS	
CLUB PRESIDENT: _____	SIGNATURE: _____
CLUB HEAD COACH: _____	SIGNATURE: _____