



LAMBTON-KENT SOCCER ASSOCIATION

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TEAM PLAYING OUT-OF-DISTRICT APPLICATION FORM

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

APPLICATION TO PLAY IN:

DISTRICT: _____ LEAGUE: _____ DIVISION: _____

TEAM NAME: _____ AGE DIV.: _____ M: ☐ F: ☐

TEAM MANAGER : _____ NCCP# _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

TEAM HEAD COACH: _____ NCCP# _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

CLUB OFFICIALS NAME & POSITION

TEAM OFFICIALS NAME & POSITION

SIGNATURE

SIGNATURE

LAMBTON KENT SOCCER ASSOCIATION SECTION

DATE APPLICATION RECEIVED _____

APPROVED: ☐

DENIED: ☐

IF DENIED, REASON: _____

DISTRICT OFFICIALS NAME

DISTRICT OFFICIALS POSITION

SIGNATURE

DATE

FOR LEAGUE'S HOME DISTRICT CONSENT

DATE APPLICATION RECEIVED _____

APPROVED: ☐

DENIED: ☐

IF DENIED, REASON: _____

DISTRICT OFFICIALS NAME

DISTRICT OFFICIALS POSITION

SIGNATURE

DATE