

2005 - 2006 DCYHC TEAM PLACEMENTS (preliminary)

DUE DATE: 9/18/2005

Please complete the information below as it pertains to your organization's plans for teams it intends to enter into the 2005 - 2006 DCYHC leagues.

ORGANIZATION NAME: _____

CONTACT PERSON: (This person MUST have e-mail availability and will be the ONLY person contacted related to team placements, schedules, and other issues related to the leagues.)

NAME: _____

PHONE: _____

E-MAIL: _____

TEAMS: Please circle the appropriate skill level you are requesting for each team at each age level. This does not insure your teams will be placed at that level but will be determined at the Placement meeting. All leagues must have a minimum of 4 teams.

SQUIRT: # Of Teams _____ LEAGUE LEVELS 1 2 3 4 5

PEE WEE: # of Teams _____ LEAGUE LEVELS 1 2 3 4

BANTAM: # of Teams _____ LEAGUE LEVELS 1 2 3 4

MIDGET: # or Teams _____ AGE LEVELS U-16 U-18

GIRL ONLY: # of teams _____ AGE LEVELS U-10 U-12 U-14 U-16 U-19

We plan to establish a girl's only league for levels that have 4 or more teams.

PLEASE NOTE THAT THIS FORM MUST BE SUBMITTED TO THE DCYHC SCHEDULER BY 9/18/2005.

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