

Soccer 2020 Information Sheet

Department of Parks & Recreation

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Sport: _____ Soccer			
_____ Travel _____ Intramural _____ Both			
Organization:			
President's Name:			
Address:			
Home Phone:		Work Phone:	Cell Phone:
Alternate Contact:			
Address:			
Home Phone:		Work Phone:	Cell Phone:
Number of Total Participants in Organization:			
		2019 Male	2019 Female
		2020 Male	2020 Female
Are you affiliated with any outside organizations:			
Name of Organization:			
Number of Teams in league:		2019	2020
Starting Date:		Ending Date:	
How much do you charge per player _____		Per family _____	
School Fields used for games			
Are you a Youth League _____ Adult League _____ Participant Ages _____			

***Document will be returned incomplete if all areas are not filled in.**