



AYSO Region 665 Team Name Approval Request Form 2010 Season

RULES: Each team will select a unique team name and submit this form to have the team name reserved and approved. No Duplication of team names will be allowed. Example: if one team chooses the name "Galaxy" then no other team in that division will be allowed to use that name, including derivations of it like "Blue Galaxy". The team **MUST** choose 3 team names so that an alternate is available should the first or second choice be taken. Team names shall bear no resemblance to a religion, nationality or ethnicity. Team names will be approved at the Team Manager Meeting for use.

Team names will be approved on a first-come, first-served basis. This form will include date/time information with your submission. This form must be submitted at or before the team parent meeting to Christina Edlauer or her designee. Make certain to complete the form in its entirety, including three unique choices for team names.

Please indicate your division by checking the appropriate box:

<input type="checkbox"/>	U19	English and German Teams or Leagues
<input type="checkbox"/>	U16	Women's Profession or College Soccer
<input type="checkbox"/>	BU14	Villains and Horror Films
<input type="checkbox"/>	GU14	Movies (Non Horror) and Food
<input type="checkbox"/>	BU12	Pre-Historic (Cave Man Days)
<input type="checkbox"/>	GU12	Music

<input type="checkbox"/>	BU10	DC Comics and Military
<input type="checkbox"/>	GU10	Anything in the Sky
<input type="checkbox"/>	BU8	Construction and Machines
<input type="checkbox"/>	GU8	Anything in the Water
<input type="checkbox"/>	BU6	Nikolodean & Cartoon Network
<input type="checkbox"/>	GU6	Animals and Fairy Tales

Coach's Name		Team # (ex BU10-12)	
Team Parent		Telephone Number	
Please enter your 1st, 2nd and 3rd choices for team names below. Be sure not to order or make any banner or other team items with a team name until you have received your name choice approval. Thank you!			
First choice			
Second choice			
Third choice			

REGION STAFF USE ONLY	
Date received _____	Time received _____
Choice approved:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Other _____
Notes:	_____

Regional Board Member Approval _____	Date _____