



AYSO Region 665 Team Name Approval Request Form 2009 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 Parent 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 Marcie Campos 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	Professional & National Futbol teams
<input type="checkbox"/>	U16	Professional & National Futbol teams
<input type="checkbox"/>	BU14	Space Odyssey & Music
<input type="checkbox"/>	GU14	Music, Movies & Books
<input type="checkbox"/>	BU12	Military & Video games
<input type="checkbox"/>	GU12	Anything under the Sea

<input type="checkbox"/>	BU10	Demolition & Villains
<input type="checkbox"/>	GU10	Fireworks, Nickelodeon, American Pride
<input type="checkbox"/>	BU8	Monster Trucks, Hot Rods & Machines
<input type="checkbox"/>	GU8	Candy, Dessert & Ice Cream
<input type="checkbox"/>	BU6	Bugs & other Crawly Things
<input type="checkbox"/>	GU6	Fairy Tales & Anything Princess

Coach's Name	Team # (ex BU10-12)	
Team Parent	Telephone Number	
<p>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!</p>		
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 _____	