



## HOUSTON YOUTH SOCCER ASSOCIATION FALL BRACKETING INFORMATION SHEET

Please type or print the following information accurately:

1. CLUB NAME \_\_\_\_\_ 2. TEAM COLORS: \_\_\_\_\_  
3. TEAM CODE: \_\_\_\_\_ 4. TEAM NAME: \_\_\_\_\_  
5. TEAM GENDER: BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_ 6. AGE DIVISION: U19 U18 U17 U16 U15 U14 U13 U12 U11 U10 U9 U8 U7  
7. TEAM NUMBER: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 8. PLAYING LEVEL: D-II D-III D-IV  
9. BRACKET STRENGTH: STRONG AVERAGE WEAK 10. NUMBER OF PLAYERS WITH NO EXPERIENCE: \_\_\_\_\_  
11. NUMBER OF PLAYERS WITH PREVIOUS EXPERIENCE AT:  
DIVISION I: \_\_\_\_\_ SUPER 2: \_\_\_\_\_ DIVISION II: \_\_\_\_\_ DIVISION III: \_\_\_\_\_ DIVISION IV: \_\_\_\_\_  
12. ABILITY LEVEL - # OF PLAYERS WHO ARE: STRONG: \_\_\_\_\_ AVERAGE: \_\_\_\_\_ WEAK: \_\_\_\_\_  
13A. HEAD COACH INFORMATION: 13B. ASST. COACH INFORMATION:  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY, ZIP: \_\_\_\_\_ CITY, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ALTERNATE PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
14A. YEARS COACHING: \_\_\_\_\_ 14B. YEARS COACHING: \_\_\_\_\_  
15A. COACHING LEVEL LICENSE: \_\_\_\_\_ 15B. COACHING LEVEL LICENSE: \_\_\_\_\_

IF YOU HAVE ADDITIONAL ASSISTANT COACHES, PLEASE LIST SAME INFORMATION ON REVERSE SIDE

16. **(REQUIRED)** PROVIDE COMMENTS ABOUT THIS TEAM THAT WOULD BE HELPFUL TO THE BRACKETING COMMITTEE IN FORMING BALANCED BRACKETS. PLEASE LIST TOURNAMENT RESULTS AND PAST SEASON STANDINGS.

17. **AUTOMATIC BYES ARE NOT A SCHEDULING FEATURE IN GOTSOCCER. REQUESTS FOR BYES CANNOT BE CONSIDERED.**

\_\_\_\_\_  
SIGNATURE OF TEAM COACH

\_\_\_\_\_  
SIGNATURE OF CLUB OFFICIAL