

Great Eastern Football Association

New Team Application Form

Applicant Owner Information

Full Name _____
Last First M.I.

Address _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone _____
(Area Code)

Team Name _____

Team Information

Head Coach's Name _____

Address _____
Street Address Apartment/Unit #

_____ City State Zip Code

Tentative Team Roster

Please attach a list with names, addresses and phone numbers

Tentative Field Site

Address(es) _____

Team Colors _____

Requirements

Before October Meeting

| | | |
|---------------------------|----------------------------------|--------------------------------|
| Balanced Budget | Team Roster | Proof of Field(s) (address) |
| Team Logo/Design in place | Proof of Insurance | Marketing Plan |
| Proof of Equipment | 3-5 year growth plan with league | Head Official's Name/ # /Email |