



LOUDOUN S O C C E R

Loudoun Soccer Travel Development Program (TDP) Application

Team Name: _____

Current Age Group: _____

Current Team Structure (Circle One): All-Star / Challenge / Recreation / SFL

Gender Applying For (Circle One): Boys / Girls

Coach Name: _____

Email: _____

Address: _____

_____ Virginia Zip: _____

Phone: _____ Cell: _____

Fax: _____

Team Background Information: *(List achievements, record, tournament participations)*

Coach Experience and Certification Information: *(List coaching and playing experience, list Coaching Licensing)*

List reasons why the team wants to move into the Loudoun Soccer TDP:

Roster Information: (List names if players who committed to the team if it moves to Loudoun Soccer PTA)

Player Name	Parent Names	Parent Email	Parent Cell phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Coach Signature: _____

Date: _____

Director of Coaching (Travel) Signature: _____

Date: _____