



Metro Youth Football League

MYFL MEMBER ORGANIZATION APPLICATION FORM

ORGANIZATION NAME: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

High School Affiliation: _____ Website address: _____

Primary Contact Name: _____ Cell: _____

Primary Contact email: _____

Alt Contact Name: _____ Cell: _____

Alt Contact email: _____

TEAMS

For planning purposes, the forecasted number of teams expected to field per division this season:

_____ **14U Division - 8th Grade**

_____ **13U Division - 7th Grade**

_____ **11U Division**

_____ **10U Division**

_____ **9U Division**

_____ **8U Division**

TEAM NAMES AND UNIFORM COLORS

Team Name: _____ Jersey: _____ Helmet: _____ Pant: _____

Team Name: _____ Jersey: _____ Helmet: _____ Pant: _____

Team Name: _____ Jersey: _____ Helmet: _____ Pant: _____

HOME GAME INFORMATION (Field Locations available for scheduling games)

Field1 Name/Location: _____ Turf? **Yes No** Lights? **Yes No**

Field2 Name/Location: _____ Turf? **Yes No** Lights? **Yes No**

Field3 Name/Location: _____ Turf? **Yes No** Lights? **Yes No**

Electronic Score Boards Available at the field: **Yes No**

Restroom Facilities available at the field: **Yes No**

Concessions: **Yes No**

Free Water: **Yes No**

Bleacher Seating: **Yes No**

Film Booth: **Yes No**

Games can be scheduled for Sundays? **Yes No If Needed**

Games can be scheduled for Saturdays? **Yes No If Needed**

Games can be scheduled for Wednesday's and/or Thursdays if needed? **Yes No**

PROVIDE A THOROUGH HISTORY OF YOUR ORGANIZATION; THE BELIEFS AND MISSION YOUR ORGANIZATION FOLLOWS; YOUR VISION OF THE FUTURE OF YOUTH FOOTBALL AND YOUR ORGANIZATION; AND HOW A RELATIONSHIP BETWEEN YOUR ORGANIZATION AND THE METRO YOUTH FOOTBALL LEAGUE WILL BENEFIT ALL:

