

Greenhaven Soccer Club Team Seeding Form

Coach Name: _____

Team Name: _____

Age Group: U- Boys or Girls First or Second Year in Age Group _____

Coach Experience: Total Years _____

Years with 5 or more players on this team _____

Number of players from last season's team returning to this season's team _____

Roster Size Last Season _____

Age Group Last Season: U- Boys or Girls

Division in the Second Half of Last Season _____ **Win/Loss Record** _____

Is Your Team Age Pure or Do you Have a Mixture of First and Second Year Players? _____

If you have a mixture, how many of each? 1st Year _____ **2nd Year** _____

Roster Size This Season _____

What Division Do You Feel is Appropriate for Your Team? _____