



Bethesda Soccer Club, 8655 Grovemont Circle, Gaithersburg, MD 20877 (240) 224-7363

**Due back to Age Group Coordinator no later than Monday,
September 25th to be considered for tournament**

Bethesda Premier Cup Team History Questionnaire

Team Name _____ Age Group _____

Team Contact: _____ Cell Phone Number: _____ Email Address: _____

Team ID # _____ State Association _____

Current GOT Soccer Rankings: National _____ Regional _____ State _____

What percentage of current roster returning from last year (circle): 100% 75% 50% 25% 0%

How many players were lost to the Development Academy from last year's team: _____

Please list National & Regional Team Players on Roster: _____

FALL 2017 (beginning August)

TOURNAMENTS (including bracket): _____ Wins _____ Losses _____ Ties _____

_____ Wins _____ Losses _____ Ties _____

LEAGUE (Including Division): _____ Wins _____ Loses _____ Ties _____



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FALL 2016/SPRING 2017

Did your team combine with another to form your current roster? Y _____ N _____

TOURNAMENTS (including bracket): _____ Wins _____ Losses _____ Ties _____

_____ Wins _____ Losses _____ Ties _____

_____ Wins _____ Losses _____ Ties _____

_____ Wins _____ Losses _____ Ties _____

_____ Wins _____ Losses _____ Ties _____

STATE CUP/REGIONALS/NATIONALS – please list if participated and record at event

LEAGUE (Including Division): _____ Wins _____ Losses _____ Ties _____

What bracket would you recommend your team be placed in using a 10 point system (i.e. Highest Premier 1 – Middle 5 – Lowest 10) _____

Any Other Pertinent Information Regarding Your Teams Acceptance: