



New Team Application to the New England Rugby Football Union

Date of Application: _____
Name of person applying: _____
Contact information for person applying: _____

Have you been a member of NERFU in the past? If so, reasons for re-applying: _____

Official full team name: _____
Men/Boys or Women/Girls: _____
Type of membership (Club, College, U19): _____
Desired Level of play (1-4 or social): _____
Approximate number of members/players: _____

Home field location: _____
Team's mailing address: _____
Team's phone1: _____
Team's phone2: _____
Team's email: _____
Team's homepage: _____
Uniform colors: _____

President

Name: _____
Mailing address: _____
Phone number: _____
Email address: _____

Match Secretary

Name: _____
Mailing address: _____
Phone number: _____
Email address: _____

Coach

Name: _____
Mailing address: _____
Phone number: _____
Email address: _____

School sports director (this is required if you are associated to a college, university, or high school)

Name: _____
Mailing address: _____
Phone number: _____
Email address: _____

Advisor

Name: _____
Mailing address: _____
Phone number: _____
Email address: _____



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If you are associated with a college, university, or high school:

School name: _____

Mailing address: _____

**By submitting this application you have acknowledged the reading of NERFU's Bylaws and Handbook located at: http://nerfu.org/page.php?page_id=23001

**When submitting this application please rename the file and prefix it with your team name

Office Use Only:

Status: _____

Date: _____