





Friday Nights

Starts: 09-24-2010 Deadline: 09-10-2010

\$650.00 (per team / includes tax) / 8 games
Pay in full by your 1st game and receive \$50 off!

Must be at least sixteen (16) yrs old to participate.

Additional days added if needed. Double headers possible.

Complete rules are located under: Sports-Soccer-Coaches Info

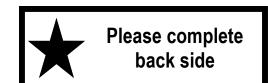
Registration form (front/back) & \$100.00 deposit mandatory from all teams to register by deadline. Current roster (even if same players) is due by 1st game and is frozen after the 2nd game. Waiver current before participant can play. Must have a 0 balance before 3rd game. Must have shirts that match in color and have at least a 6" permanent number on the back.

Be sure to check the Registering / Rostering section of rules.

LEVEL:	Α	В	С	If sublevels are made:	1	2	
TEAM NAME: _							
(Limit 25 letters)							
RESPONSIBLE PARTY:						D.O.B	
(Must be 18 or o	older)						
SIGNATURE:						DATE:	

QUESTIONS?





Must complete all three (3) sections.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2010 SPORT: SOCCER SESSION: FALL DIV: ADULT CO-ED

I am aware of all requirements necessary to register and play a team at SportsCity. I will ensure that all team members are aware of the Rules of Play. I understand that I am responsible for ensuring the entire league fee is paid whether the team completes the session or not.

TEAM NAME:(Limit 25 letters)										
RESPONSIBLE PARTY:(Must be 18 or older)			D.O.B							
SIGNATURE:			DA	TE:						
PHONE: [home]	[cell]		[work]							
ADDRESS:										
CITY:		STATE:	_ ZIP CODE:							
EMAIL:				(Required / Print VERY clearly)						
SECTION 2: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory										
I authorize SportsCity to automatically charge any balance due after the teams second (2nd) game. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. NO refunds will be issued.										
Visa MasterCard Discover American Express AMOUNT: \$										
NAME ON CARD (print):										
PHONE NUMBER: [H]	[[W]	 	[C]						
CARD #:			EXPIRATION DA	ATE:						
SIGNATURE:(Required)			D	DATE:						
(,										
SECTION 3: SCHEDULE R	EQUESTS	<u> </u>								
Requests are NOT guaranteed. Only requests will be taken or changes made.				Once schedule is complete no						
1.										
2.										