



2016 ADULT SOCCER REGISTRATION FORM

PLEASE SUBMIT THIS ENTIRE SHEET WITH APPROPRIATE INFORMATION TO:

Troy Recreation Department
ADULT SOCCER
3179 Livernois, Troy, Michigan, 48083

Please complete appropriate areas of information including the assistant manager who is also eligible to sign roster, add/delete players and act on your team's behalf if you are unreachable. Make checks payable to City of Troy.

Team Registration Form

Please complete/check appropriate areas.

League Fee - \$300 (Check, Cash, Visa/MC)

Returning Team ()

New Team ()



Returning Teams Only- (2015 Information)

Team Name _____

League/night _____

League Offerings for 2016:

Returning teams please check league preference. New teams please list in order of preference for lottery.

() Men's 18 & Over A, Mon

() Men's 18 & Over B, Mon

() Men's 30 & Over A, Wed

() Men's 30 & Over B, Wed

() Men's 40 & Over, Thu

() Men's 50 & Over – 8v8, Mon

() Women's 18 & Over – 8v8, Tue

() Women's 30 & Over A, Thu

() Women's 30 & Over B, Thu

() Women's 40 & Over, Tue

() Women's 50 & Over – 8v8, Wed

Team Name _____

Jersey Color _____

Manager _____

Assist. Manager _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone (1) _____ (2) _____

Phone (1) _____ (2) _____

Email _____

Email _____

Interested Individual Form (no fee)

Please complete information below. Information will be distributed to managers to call at their discretion. League will not assign players to teams. Individual teams will determine participation fee. **Please designate league preference above.** No guarantee of placement in league.

Name _____

Male () Female ()

Address _____

Status: Resident ()

City _____ Zip _____

Employee within City limits ()

Non Resident ()

Phone _____

Email _____