



**SOCCER CENTRAL  
INDOOR SOCCER**

www.soccercentralindoor.com

## **Session #4- Adult Team Registration Form** **July 15 – September 13, 2013**

- One Session is 8 Games, Top Teams in each division advance to Play-Offs
  - **\$600** for 4 Games Alternating Field #1 and Field #2

Teams may register with a \$300 deposit. ***Balance due prior to the second game.*** Team payments collected after the second game may acquire additional fees until balance is paid. Please pay with ONE CHECK (or cash) made out to Soccer Central. We also accept VISA & MasterCard.

**\*\* Refund Policy:** Fees will only be refunded if the league is cancelled or moved to another day and your team cannot play\*\*

- Open Registration (First-Come, First-Serve) is **June 10 – July 3, 2013**
- Complete registration form and return with payment to Soccer Central, P.O. Box 1200, Watsonville, CA 95077 or visit our facility at 34 Harkins Slough Rd, Watsonville 95076
- Players **MUST** be members of Soccer Central to participate in leagues. Cost for an annual membership is (adult: \$45 new/\$40 renew) (youth: \$20)

Team Name \_\_\_\_\_

Contact Person (Team Manager/Coach) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Second Contact (Asst. Coach) \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

### **PLEASE CHOOSE DIVISION:**

- **MONDAY**  Men's Division 5  Men's Division 6\*
- **TUESDAY:**  Men's Division 2  **Women's Open Division**
- **WEDNESDAY:**  Men's Division 3  Men's Division 4
- **THURSDAY:**  Co-Ed Division 1  Co-Ed Division 2
- **FRIDAY:**  **Men's Division 1**

**\*No D1 or D2 players allowed in Division 6 during the same session.**

**As team coach or manager, I understand team fees must be paid in total by the second game.**

**If fees are not paid by second game, additional fees may incur.**

**I understand my team is limited to a maximum of four upper division players**

**And more than four will result in forfeiture of games.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **For Office Use Only:**

Deposit: Amount \$ \_\_\_\_\_ Cash VISA MC Check # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Packet? Yes No  
Balance: Amount \$ \_\_\_\_\_ Cash VISA MC Check # \_\_\_\_\_ Staff Initials \_\_\_\_\_