

www.soccercentralindoor.com

Adult Team Registration Form

Session #1: January 5 – March 6, 2015

- Open Registration deadline (First-Come, First-Serve): Nov 17 Dec 17, 2014*
 - **\$600** registration fee per team for 8-game session. (Division 1/Women's fees \$650)
 - Top teams in each division advance to playoffs. Playoff champions <u>and</u> teams ending the regular season in first place must move up a division for the following session.
 - DUE TO HOLIDAYS, ALTERNATE GAME DAYS WILL BE ANNOUNCED.

***Scheduling requests not considered after Open Registration deadline dates.** Teams may register with a \$300 deposit. *Balance due at second game.* Team payments collected after the second game may acquire additional fees until balance is paid. Cash, Check, Visa/MC Accepted.

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

- 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;

0	Annual membership	\$45/year,	Current session	only memb	pership \$25/session.

Team Name							
Team Manager/Coach	۱	MemberID:					
Mailing Address	City	Zip					
Phone #	E-mail Address	5					
Assistant Coach:		MemberID:					
Phone #	hone #E-mail Address						
PLEASE CHOOSE DESIRED DIVISION:							
MONDAY	Men's Division 4	Men's Division 5					
TUESDAY	Men's Division 1: <u>\$650</u> /team	(Competitive; Large Field Only)					
WEDNESDAY	Men's Division 2	Men's Division 3					
THURSDAY	Coed Open Division	Men's Division 6* (*No division 1-5 players allowed)					
FRIDAY	Women's Open Division: <u>\$650</u> /team (Large Field Only)						
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.

Date

Signature:__

 For Office Use Only:

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

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