



SOCCKER CENTRAL
INDOOR SOCCER

www.soccercentralindoor.com

Adult Team Registration Form

Session #5: September 14 – November 13, 2015

- Open Registration deadline (First-Come, First-Serve): **Aug. 10 – Sept. 2, 2015***
 - **\$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 and teams ending the regular season in first place must move up a division for the following session.
 - **Team manager must be a current member to register team**

***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;
 - Annual membership \$45/year, Current session only membership \$25/session.

Team Name _____

Team Manager/Coach _____ **MemberID:** _____

Mailing Address _____ City _____ Zip _____

Phone # _____ E-mail Address _____

Assistant Coach: _____ **MemberID:** _____

Phone # _____ E-mail Address _____

PLEASE CHOOSE DESIRED DIVISION:

MONDAY	<input type="checkbox"/> Men's Division 4	<input type="checkbox"/> Men's Division 5
TUESDAY	<input type="checkbox"/> Men's Division 1: \$650/team (Competitive; Large Field Only)	
WEDNESDAY	<input type="checkbox"/> Men's Division 2	<input type="checkbox"/> Men's Division 3
THURSDAY	<input type="checkbox"/> Coed Open Division	<input type="checkbox"/> Men's Division 6* (*No division 1-5 players allowed)
FRIDAY	<input type="checkbox"/> Women's Open Division: \$650/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.**

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 _____