



### Adult Team Registration

## Session #3: – June 3 – July 26, 2024

Open Registration deadline (First-Come, First-Serve): **April 16 – May 31, 2024**

\*Scheduling requests not considered after Open Registration deadline dates.

\$**700.00** per team for one 8-game session.

The 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 or sit out a session before re-registering.

- Teams may register with a \$300 deposit. **Balance due at third week's game.**
- **Refund Policy: Fees will only be refunded/prorated if the league is cancelled**
- **Nonrefundable** membership fee: \$25.00/one session.
- **A \$25 CHARGE FOR 1<sup>ST</sup> TEAM NO-SHOW, \$50 FOR 2<sup>ND</sup>- TEAM WILL BE DROPPED FROM LEAGUE WITHOUT REFUND FOR MORE THAN TWO NO-SHOW FORFEITS.**

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

**Team Manager/Coach** \_\_\_\_\_ **MemberID:** \_\_\_\_\_

**\* Team manager must be a current member to register a team**

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

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

Assistant Coach: \_\_\_\_\_ **MemberID:** \_\_\_\_\_

PLEASE CHOOSE DESIRED DIVISION:

<b>MONDAY</b>	<b>Men's Division 4</b>	<b>Men's Division 5</b>
<b>TUESDAY</b>	<b>Men's Division 6B</b> (No Division 2-6A players allowed)	<b>COED 2ND DIVISION</b>
<b>WEDNESDAY</b>	<b>Men's Division 2</b>	<b>Men's Division 3</b>
<b>THURSDAY</b>	<b>Coed Open Division</b>	<b>Men's Division 6A</b> (No Division 2-6B players allowed)
<b>FRIDAY</b>	<b>Women's Open Division</b>	<b>The Last Seven</b>

- **I understand team fees must be paid in total by the third game and that I, as team coach or manager, am ultimately responsible for all unpaid team fees.**
- **I understand my team is limited to a maximum of four upper division players and more than four will result in forfeiture of games.**
- **Face coverings are always required in all areas of Soccer Central when county COVID-19 illness rates are above moderate (yellow tier) levels.**

**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 \_\_\_\_\_