



Soccer Team Registration Form

CHECKLIST PRIOR TO JOIN LEAGUE:

___ Completed Team Registration Form

___ Complete Team Roster & Liability Form

___ Deposit Paid in Full

___ Sports Passport or Full Club Membership

Team Name: _____ Sponsor: _____

Team Manager: _____ Address: _____

City: _____ Zip: _____ Ph.#: _____ Cell: _____

Email: _____

Please check one:

- Returning Team (NAME: _____)
- New Team

Please Check One:

- Tuesday Women's 30+
- Saturday Co-ed Rec
- Monday Women's 18+

PAYMENT

- League Fee..... **\$695**
- \$150 Deposit (Collected with Registration) - \$ _____
- \$50 off League Fee for Returning Team - \$ _____
- \$15 off League Fee for a Full Club Member **-\$15x_____ = - \$ _____**
- \$25 Late Registration Fee..... \$ _____
- \$50 off League Fee if League Fee is paid in Full before 1st game - \$ _____

TOTAL COLLECTED: _____

TOTAL STILL DUE BY (_____): _____

DATE

Form of Payment: CASH CHECK VISA MASTERCARD

Checks returned for lack of funds or credit card denied will disqualify the team from the program.

Credit Card #: _____ Exp: _____

Cardholder's Signature: _____



SOCCER INDIVIDUAL REGISTRATION FORM

CHECKLIST PRIOR TO JOIN LEAGUE:

___ Completed Team Registration Form

___ Complete Team Roster & Liability Form

___ Deposit Paid in Full

___ Sports Passport or Full Club Membership

Player Name: _____

Team Manager: _____ Address: _____

City: _____ Zip: _____ Ph.#: _____ Cell: _____

Email: _____

Please Check One:

Tuesday Women's 30+

Saturday Co-ed Rec

Monday Women's 18+

PAYMENT

- League Fee..... **\$695**
- \$35 Deposit (Collected with Registration) - \$ _____
- \$10 off League Fee for being a Full Club - \$ _____

TOTAL COLLECTED: _____

TOTAL STILL DUE BY (_____): _____

DATE

Form of Payment: CASH CHECK VISA MASTERCARD

Checks returned for lack of funds or credit card denied will disqualify the team from the program.

Credit Card #: _____ Exp: _____

Cardholder's Signature: _____

