

TEAM APPLICATION

Age Group: _____ Division: _____
(ex. U16) (Level of play)

Male Female Coed Season #: _____

Team Name: _____

We are (circle one): New This Season Returning from Last Season

Sport (circle one): Soccer Football Volleyball Dodgeball



(Please Print Legibly)

First Contact (Manager/Coach):

Name: _____ Phone: (H) _____

Address: _____ (W) _____

Email: _____

Second Contact:

Name: _____ Phone: (H) _____

Address: _____ (W) _____

Email: _____

Special Requests/Conflicts, such as outdoor games, school breaks, holidays. We will try to honor requests, but there are no guarantees.

A \$350 non-refundable deposit is due upon registering teams. Team roster waiver forms and membership payment is due by the team's first game. Team balances are to be paid in full by game 2.

As team manager, I understand that I am responsible for turning in the team roster waiver form and full/on-time payment of my team's registration fee and player memberships.

Signed: _____ Date: _____

\$350 Non-Refundable Deposit is Required

Payment Information

Amount enclosed: \$ _____

Payment (circle one)

Cash Check Mastercard Visa

Credit Card #: _____ Exp. Date: _____

Signature: _____

For Office Use Only: (Date & Initial)

First game: (Time) _____ (Date) _____ (Field) _____

Completed Date: (Application) _____ (Roster) _____

(Memberships) _____ (Balance) _____