



# 2011-12 Soccer Team Application

**Division:** Boys/Men's      Girls/Women's      Coed

**Age Group:** u6/7coed    u8    u9    u10    u11    u12    u13    u14    u16    18+    30+    40+

**Session:**    1    2    3    4(adult only)

**Skill Level:**            Recreational            Competitive

FOR LEAGUE INFO, AND INDIVIDUAL PLAYER REGISTRATION FORMS (HOUSE TEAMS) VISIT US AT

[WWW.SOCCER-ZONE.COM](http://WWW.SOCCER-ZONE.COM)

## TEAM CONTACT INFORMATION

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email (Required) \_\_\_\_\_

I understand that I am responsible for submitting all individual player registration forms and collecting my team's full registration fee. If payment is not received in full by the second game, I agree to pay the \$50 late fee.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION: (Please Circle)

**Payment Method:** Cash    Check # \_\_\_\_\_    MC    VISA

**Amount:** \$200 Deposit    \$600 Team Fee\* + Referee fee

\*Referee fees will depend on age and division

## CREDIT CARD INFORMATION:

CC# \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_

**SOCCERZONE FAX: 269-329-0273**

Teams are required to be paid in full prior to the first game. Teams are also required to pay the referee prior to the start of each game.

## Manager Checklist:

\_\_\_ Player waivers for all players

\_\_\_ Completed team roster

\_\_\_ Team fee

## SCHEDULING INFORMATION:

*Please list any schedule preferences or time conflicts that you would like considered prior to league scheduling. We will do our best to accommodate your requests.*

*Please note: It is very difficult to accommodate requests for schedule changes after the schedule has been published.* \_\_\_\_\_

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