



# 2011-12 Soccer Team Application

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

**Age Group:** u6/7coed    u8    u9    u10    u11    u12    u13    u14    u15    HS 18+    30+    40+

**Session:**    1      2      3      4

**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) \_\_\_\_\_

**PLEASE LIST TEAM MEMBERS ON THE BACK OF THIS FORM!**

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:** \$350 Deposit    \$775 Team Fee (adult)    \$795 (youth)  
\$550 (high school & U6-U8)

## CREDIT CARD INFORMATION:

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

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

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

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
- \_\_\_ Annual \$12 membership fee (each player must have a current membership)
- \_\_\_ 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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**SOCCERZONE FAX: 517-394-1616**