

**6pm - 1am
Start
Times!**

**Teams must be
flexible.**

WINTER

Adult Co-ed Soccer

SportsCity
2011-12

Friday Nights

Starts: November 18th

Deadline: November 4th

NO GAMES: 11/25/11, 12/23/11, 01/13/12, 01/27/12

\$650.00 (per team / includes tax) / **8 games** Pay in full by your 1st game and receive \$50 off!

Must be at least sixteen (16) yrs old to participate. Cannot request no double headers. Cannot request that all games be at a certain time (ie: 7pm only). At the minimum, teams must provide a 3 hour time frame they can play (ie: 6-7-8 or 8-9-10) and be flexible to meet other team's requests.

Rules are located at www.sportscitykc.com then click up on: Sports-Soccer-Coaches Info

Returning and new teams must submit a registration form (front/back) & mandatory \$100.00 deposit to register. Current roster (even if same players) is due by 1st game and is frozen after the 2nd game. Waivers must be current before participant can play. Teams must have a 0 balance before they can play their 3rd game.

LEVEL: A B
C ___ Lowest

If sublevels are made: 1 2

Be sure to check the rules regarding rostering players and the levels of play. If a team protest BEFORE the game your use of an illegal player and it's confirmed, that person may still play but your team will forfeit.

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ D.O.B. _____
(Must be 18 or older)

SIGNATURE: _____ DATE: _____

QUESTIONS?

Tammy Baldwin tbaldwin@sportscitykc.com
425 NE Mock Ave - Blue Springs, MO 64014
816-229-1314 www.sportscitykc.com



**Please complete
back side**

Must complete all three (3) sections.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2011-12 SPORT: SOCCER

SESSION: WINTER

DIV: ADULT CO-ED

I am aware of all requirements necessary to register and play a team at SportsCity. I am aware there are NO refunds. I will ensure that all team members are aware of the Rules of Play. I understand that I am responsible for ensuring the entire league fee is paid whether the team completes the session or not.

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ D.O.B. _____
(Must be 18 or older)

SIGNATURE: _____ DATE: _____

PHONE: [home] _____ [cell] _____ [work] _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ (Required / Print VERY clearly)

SECTION 2: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory Signature Required

I authorize SportsCity to automatically charge any balance due after the teams second (2nd) game. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. NO refunds will be issued.

Visa MasterCard Discover American Express AMOUNT: \$ _____

NAME ON CARD (print): _____

PHONE NUMBER: [H] _____ [W] _____ [C] _____

CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____
(Required)

SECTION 3: SCHEDULE REQUESTS

Requests are NOT guaranteed. Requests must be submitted by registration deadline per session. Each team is only allowed TWO (2) requests. Games will not be scheduled around multiple teams.

1. _____

2. _____
