

SUMMER Adult Co-ed Soccer



Friday Nights

6pm-12am Start Times

Starts: 07-09-2010

Deadline: 06-25-2010

\$650.00 (per team / includes) / **8 games**

Pay in full by your 1st game and receive \$50 off!

Must be at least sixteen (16) yrs old to participate.
Additional days added if needed. Double headers possible.

Due by deadline: Team registration, Team Contract, \$100.00 Deposit, and any Schedule Requests

APPLIES TO ALL NEW and RETURNING TEAMS EACH SESSION:

Deposit mandatory. No verbal request. Team registration & contract renewed. Updated roster. Waivers current.

LEVEL: A B C If sublevels are made: 1 2

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ D.O.B. _____

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

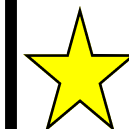
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____
(Required)

QUESTIONS?

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



Please complete:

- * Back side or
- * Page 2 if printing from web site

If this is the back of page one (1) you do not need to complete Section 1. If this a separate page you will need to do so.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2010 SPORT: SOCCER SESSION: SUMMER DIV: MEN'S

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____

DATE OF BIRTH: _____ - _____ - _____ AGE: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: PRINT VERY CLEARLY _____
(Required)

SECTION 2: CHARGE CARD AUTHORIZATION ~ Mandatory if not paying in full

I authorize SportsCity to automatically charge the below selected charge card any balance due after the third (3rd) game. This balance to be based on the minimum number of players that can roster less the number of paid registered players. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. I understand that NO refund of any money paid by any team members will be issued if that happens.

TYPE OF CHARGE CARD: Visa MasterCard Discover American Express

NAME ON CARD (print): _____

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

CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____
(Required)

SECTION 3: SCHEDULE REQUESTS

Requests are NOT guaranteed. Only requests submitted on this form will be accepted. Once schedule is complete no requests will be taken or changes made. Each team is only allowed TWO (2) requests.

1. _____

2. _____
