



TEAM REGISTRATION: Must complete all sections.

SECTION 1: LEAGUE INFO

YEAR: _____ **SESSION:** WI WII SPRING SUMMER FALL
SPORT: _____ **ADULT:** MEN'S CO-ED
YOUTH: 07 08 09 10 11 12 13 14 HS **DIV:** B G **OLDEST PLAYERS AGE:** _____
PLEASE CHECK LEAGUE INFO FOR AVAILABLE LEVELS: A B C D OPEN HS / ADULT
REQUIRED SHOULD A LEVEL NEED TO BE SPLIT: 1 2

SECTION 2: TEAM / RESPONSIBLE PARTY INFORMATION

I am aware of all requirements necessary to register and play a team at SportsCity. I am aware there are NO refunds unless my team cannot be placed. 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 3: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory

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 4: SCHEDULE REQUESTS

Requests are NOT guaranteed. Only requests submitted by the entry deadline will be accepted. Each team is only allowed TWO (2) requests.

1. _____
2. _____