



**SOCCER CENTRAL
INDOOR SOCCER**

www.soccercentralindoor.com

Session #5- Adult Team Registration Form

November 1, 2010 – January 7, 2011

- One Session is 8 Games, Top Teams in each division advance to Play-Offs
 - \$600 for 4 Games on Field #1 and, 4 Games on Field #2

Teams may register with a \$300 deposit. **Balance due prior to the second game.** Team payments collected after the second game may acquire additional fees until balance is paid. Please pay with ONE CHECK (or cash) made out to Soccer Central. We also accept VISA & MasterCard.

** Refund Policy: Fees will only be refunded if the league is cancelled or moved to another day and your team cannot play.**

- Open Registration (First-Come, First-Serve) is **Mon Sept 27-Friday Oct 22, 2010**
- Complete registration form and return with payment to Soccer Central, P.O. Box 1200, Watsonville, CA 95077 or visit our facility at 34 Harkins Slough Rd, Watsonville 95076
- Players MUST be members of Soccer Central to participate in leagues. Cost for an annual membership is (adult: \$45 new/\$40 renew) (youth: \$20)
- Due to the holidays, alternate game days will be Dec. 27-30, 2010

Team Name _____

Contact Person (Team Manager/Coach)_____

Mailing Address _____ City _____ Zip _____

Phone # _____ E-mail Address _____

Second Contact (Asst. Coach)_____

Phone # _____ E-mail Address _____

PLEASE CHOOSE DIVISION:

- **MONDAY:** Men's Division 6 Men's Division 7
- **TUESDAY:** Men's Division 2 Men's Division 3
- **WEDNESDAY:** Men's Division 4 Men's Division 5
- **THURSDAY:** Co-Ed Division 1 Co-Ed Division 2
- **FRIDAY:** Women's Division 1 Women's Division 2

As team coach or manager, I understand team fees must be paid in total by the second game.

If fees are not paid by second game, additional fees may incur.

I understand my team is limited to a maximum of four upper division players

And more than four will result in forfeiture of games.

Signature: _____ Date _____

For Office Use Only:

Deposit: Amount \$ _____ Cash VISA MC Check # _____ Staff Initials _____ Packet? Yes No
Balance: Amount \$ _____ Cash VISA MC Check # _____ Staff Initials _____