2017/2018 SOCCER CENTRE APPLICATION ROSSFORD SOCCER CENTRE DOME TEAM REGISTRATION

Team Name		Leag	ue (Age)	_ Division (1, 2)	
(circle one)	Team: M or	F	Coach's Name	e	
Coach/Manager Nan	ne				
Coach/Manager Address			City		
State Zip	Home Phone		Cell Phone		
Email					
(Previous Season) Team Record W	/ L	т	_ League		
Session Dates: Dec. 2 nd 2017 - Mar. 18 th , 2018					
Registration Dead	line: No	v. 10 th , 2017			
(Dates are subject to change due to the number of teams.)					
	4 <u>v4</u> (U6 – U8)	<u>7v7</u> (U9&U10)	<u>9v9</u> (U11&U12)	<u>11v11</u> (U13&up)	
Team Fee	\$395	\$795	\$1100	\$1995	
Deposit	\$100	\$200	\$300	\$400	
	*Deposit du	ıe at registration ar	nd included in team fe	е.	
For example – Team fee \$395 minus \$100 deposit leaves a balance of \$295 due by the teams second game.					
Check # Amount (Make checks payable to: Soccer Centre. There is a \$20 charge for all returned checks)					
Credit Card # Expiration Date Circle One: Master Card, Visa, Discover & Amex) *Required for all team registrations					
Security Code (3 digit # on back of card)					
The undersigned Coach/Manager will take full responsibility for registering all participants (with Soccer Centre's waiver form), provide proper uniforms with numbers, obtain signatures, parent or player, on the roster, provide proper coaching, to consent to participate in activities of recreation at Soccer Centre, and hold harmless Soccer Centre first from any claim arising out of participation in such activities. The Coach/Manager will also take full responsibility for all payments for league fees due to Soccer Centre. ALL FEES ARE NON-REFUNDABLE. We are unable to guarantee specified times/days for scheduling.					
Signature Soccer Centre:		Dat	te		
1620 Market Place Dr. Maumee, Ohio 43537 (Phone 419-893-5425, Fax 419-893-3656) Computer Code (office use only) Staff Initial					