2021/2022 SOCCER CENTRE APPLICATION
COCA-COLA FIELD TEAM REGISTRATION

Team Name_____ League (Age)_____ Division (1 or 2)_____

(FILL OUT ADDRESS FOR INDIVIDUAL WHO WILL RECEIVE MAILING OF SCHEDULE)

Coach/Manager Name _____

Coach/Manager Address_____ **City**_____

State_____ **Zip**_____ **Home Phone**_____ **Cell Phone**_____

Email _____

Session Dates: (Circle One)

Session Dates:	Registration Deadline:
(1) Oct. 23 - Nov.28	**Oct. 15, 2021**
(2) Nov. 29 - Jan. 23	**Nov. 19, 2021**
(3) Jan. 24 – Mar. 27	**Jan. 14, 2022**
(4) Mar. 28 – May 1	**Mar. 11, 2021**

(Dates subject to change due to the number of teams)

Cost of Team Registration:	Cost Per Team	Deposit
Session 1 = 6 games	**$350**	**$100**
Session 2 = 8 games	**$495**	**$200**
Session 3 = 8 games	**$495**	**$200**
Session 4 = 6 games	**$350**	**$100**

Multi-Session Discount: Session 1,2,3 – $1,100 (save $250) or Session 2&3 - $800 (save $200)

Small Sided Leagues Include: (Circle One)

Coed 5-6	B9-10	G7-8	G13-14
Coed 7-8	B11-12	G9-10	Wom 30+
B7-8	B13-14	G11-12	

Players must be specified division age during the session(s) they are participating in.

Check #_____   Amount_____
(Make checks payable to Soccer Centre. There will be a $20 charge on all returned checks.)

Credit Card #_____ Expiration Date_____ Sec. Code _____
(Circle One: Master Card, Visa, Discover & Amex accepted)   (3 digit)

Credit Card required for all team payments.

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. If not paid in full by end of session, we will charge the credit card on file.** We are unable to guarantee specified times/days for scheduling.

Signature_____ Date_____
Soccer Centre: 1620 Market Place Dr. Maumee, Ohio 43537 (Phone 419-893-5425, Fax 419-893-3656)

Computer Code (office use only) _____   Staff Initial _____