

2014/2015 SOCCER CENTRE APPLICATION
DODGEBALL REGISTRATION
(PLAYED ON COCA-COLA FIELD)

Team Name _____ League (Age) _____

(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 _____

(Circle One)

Session Dates: (1) Oct. 10 - Nov. 14 (2) Apr. 10 – May 15

Reg. Deadline: Oct. 1, 2014 Apr. 1, 2015
(Dates subject to change due to the number of teams)

COACHES WILL RECEIVE SCHEDULES VIA EMAIL

<u>Cost of Team Registration:</u>	<u>Cost Per Team</u>	<u>Deposit</u>
Session 1 = 6 games	\$225	\$100
Session 2 = 6 games	\$225	\$100

<u>Special Package Pricing:</u>	<u>Cost Per Team</u>	<u>Deposit</u>
Play 2 sessions (save \$50)	\$400	\$100

Leagues Include: (Circle One)

Adult

Men

Co-ed

Check # _____ Amount _____

(Make checks payable to Soccer Centre. There will be a \$20 charge on all returned checks.)

Credit Card # _____ Expiration Date _____

(Circle One: Master Card, Visa, & Discover accepted)

Credit Card required for all team registrations.

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 _____ 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 _____