

2007/2008 SOCCER CENTRE APPLICATION

MARCO'S FIELD TEAM REGISTRATION

Team Name _____ League (Age) _____ Division (1, 2) _____

(circle one) M F Coach's Name _____

Coach/Manager Name _____

Coach/Manager Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Email _____

(Previous Season)

Team Record W _____ L _____ T _____ League _____

SESSION DATES: (1) Oct. 13 - Nov. 16 (2) Nov. 17 - Jan. 25
 (3) Jan. 28 - Apr. 6 (4) Apr. 7 - May 18
 (Dates are subject to change due to the number of teams.)

SPECIAL PACKAGE: Session 1,2,3,4, Session 1,2,3 & Session 2&3

<u>Cost Of Team Registration:</u>	<u>Cost Per Team</u>	<u>Deposit</u>
Session 1 = 6 games:	\$495/Team	\$150
Session 2 = 8 games	\$895/Team	\$200
Session 3 = 8 games	\$895/Team	\$200
Session 4 = 6 games	\$495/Team	\$150

<u>Special Package Pricing:</u>	<u>Cost Per Team</u>	<u>Deposit</u>
Sessions 1,2,3,4	\$2195	\$500
Sessions 1,2,3	\$1895	\$450
Sessions 2&3	\$1695	\$300

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 accepted)

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 _____