

# 2010 Coca-Cola 4 v 4 Shoot-out

Played on the Coca-Cola Field

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 \_\_\_\_\_

**TOURNAMENT DATES: Jan. 30-31, 2010**  
(Dates are subject to change do to number of teams)

## COST PER TEAM

**\$125**

**\*\*Team payment due in full upon registration\*\***

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 \_\_\_\_\_