

PROCESSED BY:

DATE:

COMMENTS:

# SOCCER CITY

## *Fall 2010 Indoor*

Sept 2010

### LEAGUE REGISTRATION FORM

**PLEASE PRINT !**

TEAM NAME: \_\_\_\_\_ DIVISION \_\_\_\_\_

TEAM CONTACT #1;  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
APT/UNIT: \_\_\_\_\_  
CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
TEL. HOME: (\_\_\_\_) \_\_\_\_\_  
TEL. BUS. (\_\_\_\_) \_\_\_\_\_

TEAM CONTACT #2;  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
APT/UNIT: \_\_\_\_\_  
CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
TEL. HOME: (\_\_\_\_) \_\_\_\_\_  
TEL. BUS. (\_\_\_\_) \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS:

10 game season plus playoffs.  
Games played on weekdays, and weekends (pending night registered)  
**Fees:** \$1375.00 (includes all taxes) **Deposit:** \$800.00 with application form.  
**Balance:** Full payment due prior to first game. Late payment surcharge: \$100.00  
(Plus monthly interest of 2%)

Consumption of alcohol in non-designated areas is prohibited, violation may result in a team fine and/or team suspension.  
\* \* \* \*

**INDOOR SOCCER**  
Soccer City (Etobicoke) Inc.  
  
President: Phil Seward  
Manager: Les Szasz  
Manager: Mark Gardner  
  
**Tel: 416 626-5100**  
**Fax: 416 626-8984**

I \_\_\_\_\_ Representing \_\_\_\_\_  
PRINT NAME PRINT TEAM NAME

PLAYING AT SOCCER CITY (ETOBICOKE) INC. HAVE READ AND UNDERSTOOD THE RULES AND REGULATIONS STATED ABOVE AND WILL ASSUME FULL RESPONSIBILITY FOR TEAM DISCIPLINE, AND WILL ENSURE THAT LEAGUE FEES WILL BE PAID IN FULL TO SOCCER CITY (ETOBICOKE) INC. SHOULD MY FEES NOT BE PAID IN FULL BY THE THIRD (3) GAME OF THE SEASON, THIS IS MY AUTHORIZATION TO APPLY THE OUTSTANDING BALANCE INCLUDING ANY SERVICE CHARGES TO THE FOLLOWING VISA ACCOUNT CARD #

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_