



Indoor Soccer

Registration Deadline January 20/2010

As in the past it is the responsibility of the team manager to register the team and each individual player that participates in any indoor soccer competition. All players must complete the Waiver form

Fees are as follow's for our upcoming season:



Individual Player (including uniform) \$150.00 per/player
 Team Registration: (including referee fees and taxes) \$ 1250.00 per/team

LEAGUE	DIVISION (S)	KICK OFF TIMES
<i>MONDAY</i> - Ladies	Open Recreational (Divisions 1, 2, & 3)	7:00pm - 10:45pm
<i>TUESDAY</i> - Ladies	Open Recreational (Divisions 1, 2)	7:00pm - 10:45pm
<i>WEDNESDAY</i> - Men's	Open Recreational (Divisions 1,2, & 3)	7:00pm - 11:30pm
<i>THURSDAY</i> - Men's	Men's Over 30	7-00pm- 11:30pm
- Men's	Open Recreational (Divisions 1, 2)	7:00pm - 11:30pm
<i>FRIDAY</i> - Men's	Open Recreational Division1, 2, & 3	7:00pm - 11:30pm
<i>SATURDAY</i> - Men's	Open Recreational	11:00am - 9:00pm
- Co-ed	Co-ed Recreational	11:00am - 9:00pm
<i>SUNDAY</i> - Men's	Sunrise Open Recreational	9:00am - 10:30am
- Men's	Open Premier (Division 1)	11:15am - 11:30pm
- Men's	Open Recreational (Division 2,3,4,5,6,&7)	11:15am - 11:30pm

If there are any questions please feel free to call Soccer City at:

(416) 626-5100

PROCESSED BY:

January 2010

COMMENTS:



(Etobicoke) Inc.

LEAGUE REGISTRATION FORM

PLEASE PRINT !

TEAM NAME: _____
TEAM CONTACT #1;

DIVISION REQUESTED _____ NIGHT _____
TEAM CONTACT #2;

NAME: _____

NAME: _____

STREET: _____

STREET: _____

APT/UNIT: _____

APT/UNIT: _____

CITY: _____

CITY: _____

POSTAL CODE: _____

POSTAL CODE: _____

TEL. HOME: (____) _____

TEL. HOME: (____) _____

TEL. BUS. (____) _____

TEL. BUS. (____) _____

GENERAL TERMS AND CONDITIONS:

10 game season plus playoffs (top four teams advance).

Games played on selected playing night, minimum of one Saturday game.

Fee: \$1250.00 (incl all referee fees and taxes)

Deposit: \$600.00 non-refundable if team is accepted into league

Balance: Full payment due prior to first game. Late payment surcharge:\$100.00

All teams must wear same colour, numbered jerseys.

Sportsmanship is promoted, continual aggressive behaviour may warrant ejection of the offending team(s) or individual players(s) from the league without refund of league fees.

INDOOR SOCCER

Soccer City (Etobicoke) Inc.

Director : Phil Seward

Asst. Manager: Leslie Szasz

Asst. Manager: Mark Gardner

Tel: 416 626-5100

Fax: 416 626-8984

I _____
PRINT NAME
NAME

Representing _____
PRINT TEAM

PLAYING AT SOCCER CITY (ETOBICOKE) INC. HAVE READ AND UNDERSTOOD THE HOUSE POLICIES, RULES AND REGULATIONS AND WILL ASSUME FULL RESPONSIBILITY FOR TEAM DISCIPLINE. I WILL ENSURE THAT LEAGUE FEES WILL BE PAID IN FULL TO SOCCER CITY (ETOBICOKE) INC. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT ALL OF MY TEAM MEMBERS ARE MADE AWARE OF THE HOUSE POLICIES, RULES AND REGULATIONS. SHOULD IT BECOME NECESSARY FOR SOCCER CITY TO HIRE A OUTSIDE PARTY TO COLLECT ANY OUTSTANDING/OR UNPAID FEES ON MY ACCOUNT, I WILL ASSUME FULL RESPONSIBILITY FOR ANY AND ALL LEGAL FEES AND DISBURSEMENTS INCURRED.

SHOULD MY FEES NOT BE PAID IN FULL BY THE FIRST (1) GAME OF THE SEASON, THIS IS MY FULL AUTHORIZATION TO APPLY THE OUTSTANDING BALANCE, INCLUDING ANY SERVICE CHARGES, TO THE FOLLOWING CREDIT CARD ACCOUNT CARD #

Credit Card #: _____ Exp. Date: _____ Security Number _____

Signature: _____

Date: _____