

PROCESSED BY: _____

DATE: _____

COMMENTS: _____

SOCCER CITY

Fall Indoor

Sept 2010

INDIVIDUAL REGISTRATION FORM

PLEASE PRINT !

NIGHT REQUESTED: _____

NAME: _____

STREET: _____

APT/UNIT: _____

CITY: _____

POSTAL CODE: _____

TEL. HOME: () _____

TEL. BUS: () _____

E- Mail : _____

GENERAL TERMS AND CONDITIONS:

10 game season plus playoffs (Should your team qualify).

Games played on Tuesday's

Fees: \$170.00 due with application form.

Consumption of alcohol in non-designated areas is prohibited, violation may result in a players fine (\$100.00) and/or team suspension.

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I _____

PRINT NAME

INDOOR SOCCER
Soccer City (Etobicoke) Inc.

President: Phil Seward
Manager: Lezlie Szasz
Manager: Mark Gardner

Tel: 416 626-5100

Fax: 416 626-8984

PLAYING AT SOCCER CITY (ETOBICOKE) INC. HAVE READ AND UNDERSTOOD THE RULES AND REGULATIONS STATED ABOVE AND WILL ASSUME FULL RESPONSIBILITY FOR SELF DISCIPLINE, AND WILL ENSURE THAT LEAGUE FEES WILL BE PAID IN FULL TO SOCCER CITY (ETOBICOKE) INC. PRIOR TO THE COMMENCEMENT OF LEAGUE PLAY.

Signature: _____ Date: _____