

SOCCER SPORTSPLEX, INC.

Team Registration Form

Team Information

Team Name: _____

Age Group: _____

Division: Male Female Coed

Level of Play: 30+ Open Recreational Premier Travel

Ability: A B C

Payment Enclosed For: Session 1 (Deadline Oct. 11) Session 2 (Deadline Dec. 7)
 Session 3 (Deadline Feb. 9)

Please Make Checks Payable to Soccer Sportsplex

Coach Information

Coach's Name (minimum age 21): _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

Teams are placed in leagues on a space available basis, in the order they are received.

A \$150 non-refundable deposit is due at the time of registration. Balance is due before 1st game.

Mail in or drop off at:

*Soccer Sportsplex
31515 Lorain Rd.
North Olmsted, Ohio 44070
Phone: (440) 979-9997
Fax: (440) 979-1828*

*** There is a \$30 fee for all returned checks.**

I understand that I am responsible for the full payment of the registration fee, the required information, and the conduct of myself and/or child.

Signature: _____
(Parent/Guardian if child is under 18)