

Men's Individual –Fall Registration Form

ADULT SOCCER LEAGUES 10-11

REGISTRATION FEE - \$95.00 (Mens 030)

October 4th, 2010

Mondays

Player's Name: _____

Street Address: _____

City, State & Zip Code: _____

E-Mail address _____

Phone Numbers – Home: _____ **Office** _____ **Cell/Mobile** _____

The registrant agrees to abide by all SportsClub Rules

For individual registration the above payment must be submitted with this form.
Payment may be made with a credit card, cash or check.

All deposits are refundable if the registrant is not assigned to a team.

We accept: **Visa & Master Card**

Credit Card Payment: Name: _____ Type of card: _____

Credit Card Number: _____ **Expires:** _____

Signature of Cardholder: _____

Payment by Check:

Check # _____