

INDOOR SOCCER LEAGUE REGISTRATION

(circle one) \$850 regular field, or \$1250 large field

Session 3: Mar 2010- Apr 2010

Age Group _____ Division (circle one) Highest Strong D2 Weak D2 Lowest

Team Name _____ Boys or Girls (please circle one)

Club _____

Coach _____

Coach's Phone Number (h) _____ (w) _____ (c) _____

Coach's Email _____

Manager _____

Manager's Email _____

Manager's Phone Number (h) _____ (w) _____ (c) _____

Contact Address for Team: _____

Fee: \$850/\$1250 a \$200 non-refundable deposit is required to be scheduled.

Balance due before first game.

Payment Options: submit credit card information or send a check payable to the Sportsplex of Halfmoon Inc.

Credit Card Type Visa () Master Card ()

Credit Card # _____

Expiration Date _____

Name on Card _____

3 Digit Code on _____

back of card _____

Billing Address _____

Signature _____

By signing above, I authorize my credit to be charged the required \$200 deposit or I request the amount to be charged as follows: \$ _____. I understand that I am responsible for the team's full payment.

Please mail or fax this form with payment to:
Sportsplex Of Halfmoon – Attention League Registration
6 Corporate Drive
Clifton Park, NY 12065
Fax # (518) 383-1891

Payment info-office use only

Schedules can be viewed at www.sportsplexofhalfmoon.com
Team managers will be contacted regarding the date and time of first game. Scheduling requests cannot be guaranteed and must be made known prior to first game. No refunds will be given for the inability to accommodate scheduling requests.