

SOCCER SPORTSPLEX, INC.

Program Registration Form

Team Name: _____				
Age: _____				
Division: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Coed		
Level of Play: <input type="checkbox"/> 30+	<input type="checkbox"/> Open	<input type="checkbox"/> Recreational	<input type="checkbox"/> Premier	<input type="checkbox"/> Travel
Level of Ability: <input type="checkbox"/> Competitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Recreational		
Payment Enclosed For: <input type="checkbox"/> Session 1	<input type="checkbox"/> Spring			
<input type="checkbox"/> Session 2	<input type="checkbox"/> Summer			
<input type="checkbox"/> Session 3	<input type="checkbox"/> Fall			

Team Information

Coach's Name (minimum age 21): _____	
Address: _____	
City: _____	Zip: _____
Home Phone: _____	Cell Phone: _____
E-mail Address: _____	

Coach Information

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

A \$100 non-refundable deposit is due at the time of registration.

Balance is due before 1st game.

Please Make Checks Payable to: Soccer Sportsplex

Mail 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 participant is under 18)