



**Organized Recreation
&
Athletics**

Sport & Season: SOCCER>> FALL 2009

FY2010

FALL Adult Soccer

Select the division you wish to play in : Please note divisions may change!!

League Name / Division	Program #:	Fee:	Days of Week:
<input type="radio"/> <u> Men's Unlimited </u>	6400	\$300	<u> Sunday </u>
<input type="radio"/> <u> Over 30 </u>	6420	\$300	<u> Wednesday and Thursday </u>
<input type="radio"/> <u> Co-Ed </u>	6410	\$300	<u> Monday </u>
<input type="radio"/> _____			
<input type="radio"/> _____			

Team Name: _____

Coach Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Email Address: _____

Alternative Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Email Address: _____

Office Use Only!

Fee Paid: _____ **Check #:** _____ **Date Paid:** _____

Check by: _____