



# Youth Soccer League Registration Winter 2 2012

INDOOR  
GOALS  
YOUTH  
SOCCER  
LEAGUE

## To Register Your Indoor Soccer Team at INDOOR GOALS:

1. Fill out this registration form. One per team please.
2. Return form along with a \$200 deposit to Indoor Goals at the address listed below by the registration deadline. Registration will not be accepted without the deposit.
3. The league fee for the 8 week, 8 game schedule is \$600 per youth team plus a Referee cost of \$8.00 per game, per team.
4. **The balance of the team fee is due prior to the start of the FIRST game.**
5. All players must have a Membership ID Card prior to the first game (\$10). Good from Oct - 11- Sept 12. **Proof of age is required for all youth ID cards**
6. Teams which are currently enrolled in league play have priority for participation in the next session.
7. **All deposits are non-refundable.**

There will be a No Show Fee of \$20 charged to any team who does not speak directly to an Indoor Goals employee more than 48 hrs in advance of the scheduled game.

**All Games 2 X 22 Halves**

**YOUTH LEAGUE**  
8 Game Session  
Games Begin **Feb 21st**  
Youth Teams \$600

Age Group	Boys	Girls
<b>U7 (Coed)</b> Born after 8-1-04		
<b>U9 (Coed)</b> Born after 8-1-02		
<b>U11</b> Born after 8-1-00		
<b>U13</b> Born after 8-1-98		
<b>U15</b> Born after 8-1-96		
<b>HS</b> Currently enrolled in high school		
<b>HS Coed</b>		

**Registration Due Tuesday Feb 14, 2012**

### Game Days/Times:

Sat or Sun between 6:30 am and 12:30pm

**-OR-**

Tue, Wed, Thurs or Fri between 4pm & 7pm

***This schedule is a guideline and subject to change.***

Actual days and times are determined after registration deadline

Email Address: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Rep. Name: \_\_\_\_\_ Team Rep. Signature:\*\* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Uniform Color: \_\_\_\_\_

Division Wanted - (Specify Gender & Division) \_\_\_\_\_

Registration will not be accepted without a \$200 Deposit. SEND TO:

**Indoor Goals**

16340 NW Bethany Ct. Beaverton, OR 97006

**503-629-9500**

\*\*Team Rep. Please Note: Team Representative is responsible for league fees.