



# Adult Soccer Registration Form

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

1. Fill out this participation request form. One per team please.
2. Return form along with a \$100 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 \$600.00 per team plus a Referee cost of \$9.00 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. There is a \$15.00 per year fee. Good from 10/1—9/30
6. Teams which are currently enrolled in league play have priority for participation in the next session.
7. All deposits are non-refundable.
8. 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.

\*\* A \$50 late fee may be charged if leagues fees are not paid in full by the first game.

## ADULT SOCCER LEAGUES

**8 Game Session \$600.00 per Team**

### Men's League (Wed)

Let us know what level you think your team is (upper, mid or lower). \_\_\_\_\_

Registration Deadline 7/10/2019

### Men's League (Thurs)

Let us know what level you think your team is (upper, mid or lower). \_\_\_\_\_

Registration Deadline tbd

### Co-Ed Rec. (Saturday)

Games may be played on Fridays as needed \_\_\_\_\_

Registration Deadline 7/6/2019

### Co-Ed Comp (Tuesday)

Registration Deadline 6/4/2019 \_\_\_\_\_

**Leagues start 1 week after reg deadline**

*All Games, 2 X 22 Halves*

## Indoor Soccer Registration Request Form

The balance of the team fee is due prior to the start of the FIRST game

Email Address: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Rep. Name: \_\_\_\_\_

Team Rep Signature: \* \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Division Wanted - (Specify Division and Level within division Upper, Mid, or lower) \_\_\_\_\_

**Registration will not be accepted without a \$100 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.