Futsal 5 v 5 Team Registration Form

A $50 DEPOSIT AND CREDIT CARD MUST ACCOMPANY ALL REGISTRATIONS

ALL ROSTERS ARE DUE BEFORE THE START OF YOUR 2ND GAME

TEAM NAME_____LEAGUE/DAY/DIVISION_____

COACHES NAME_____HOME PHONE_____WORK_____

CELL PHONE_____EMAIL ADDRESS_____

ADDRESS_____CITY_____

TEAM MANAGERS NAME_____HOME PHONE_____WORK PHONE_____

CELL PHONE_____EMAIL ADDRESS_____

LEAGUE PRICE $250.00 PER TEAM FOR 10 GAMES.

ALL LEAGUE FEES ARE DUE BEFORE THE START OF YOUR 2ND GAME.

ADMISSION CHARGES DO APPLY.

Make Payments to: 10th Street Sports Center
9225 W. 10th Street Indianapolis, IN 46234
(317) 273-0413
www.SportsCenter.biz

Contact Mike Ellis for additional information
(mikeellis@the-sports-center.com)

I UNDERSTAND THAT I AM RESPONSIBLE FOR TURNING IN ALL PLAYERS ELIGIBILITY INFORMATION, AND IN FULL/ON-TIME PAYMENT OF MY TEAMS LEAGUE FEES. IN THE EVENT LEAGUE FEES ARE NOT PAID PRIOR TO THE THIRD WEEK OF THE LEAGUE, I UNDERSTAND AND AUTHORIZE MY CREDIT CARD TO BE CHARGED THE REMAINING BALANCE OF MY TEAMS LEAGUE FEES.

SIGNED: _____DATE: _____

FOR 10TH STREET SPORTS CENTER USE ONLY

Paid By: _____ Amount Paid: $_____ Cash :_____ Check # :_____ Charge _____

Date Received :_____ Received By :_____ Receipt # :_____

Card Type _____ Account # _____ Expiration Date _____