

Signature:

TEAM REGISTRATION

Team Name:		Please Circle:	Male	Fema	ale (Coed	
Age Group: Adult Youth (inc	dicate age)	Division:	Recrea	ational	Comp	etitive	
Sport: Soccer Footh	pall	Season:	Mini	S1	S2	S3	
TEAM CONTACT INFORMATION	<u>ON</u>						
First contact (Manager/Coach)	:						
Daytime Phone:	_ Evening Phone: _		Email: _				
Second Contact:							
Daytime Phone:	_ Evening Phone: _		Email: _				
 IMPORTANT INFORMATION Schedules are posted on our w A team roster is due prior to the Team rosters may be changed registered player risk forfeiture If a roster check is requested a automatic forfeit will be given The roster form has a disclaim contact. Anyone guilty of referee disseminimum of one game. Additionangement deems fit. 	he first game. Teams/p until the end of the thing re of that match. and the team in question. her and waiver informa ant, verbal or otherwise,	players may not con rd game, after which in has not submitte tion. This must be will automatically	mpete unt ch it is from ed one nor provided	il these f zen. Tea has a no to all tea d from tl	forms and that that the the that the theta the that the the the that the the the the the the the the the th	te submitted. To play with a number of the total player, where the total player of th	non- an eam led for a
 Anyone guilty of fighting on Li subject to any action deemed subject to disciplinary sanctio 	appropriate by the Lan	sing Police Depart					
A \$400 non-refundable depos LATE registration deadline for first game. Team balance is d result in a \$50 late fee. As team payment of my team's fees. I have	or an additional fee lue by the team's fir m contact, I understand	of \$20. The tear st game. Failure I that I am respons	n roster, e to subn sible for su	/waive n it full j lbmitting	r form payme g the tea	is due by th nt by this d m roster and	e team's ate will
Signed:		Date:					
PAYMENT INFORMATION Please send this form, with payme Phone: 517.882.9883 Email: lansingindoorsportsarena@		prise Dr., Lansing,	MI 48911				
Amount enclosed: \$	Cash Check #: _	MC	Visa (CC #:			
Exp. Date (mm/yy):	CVV:	Zip Code:					

FOR TEAMS PAID IN FULL BY REGISTRATION DEADLINE

SHIRT SIZES & COLOR REQUEST

Please indicate first and second color choice (we go by order of submission) as well as how many of each size for each member of your team:

irst color choice:
econd color choice:
izes:
dult Small, Adult Medium, Adult Large, Adult XXL
outh Small, Youth Medium, Youth Large, Youth XL
eam Manager Name
eam Manager Contact Number

THANKS!!