

ADULT LEAGUE REGISTRATION FORM

Gaetano Indoor Soccer

P.O. Box 766

Malaga, NJ 08328

(856) 694-4303

www.gaetanoindoorsoccer.com

***\$580.00 PER TEAM FOR AN 8 GAME SESSION, WHICH MUST BE PAID PRIOR TO THE THIRD GAME. NO EXCEPTIONS! (checks payable to Gaetano Indoor)**

***A \$12.00 REFEREE FEE MUST BE PAID BY EACH TEAM, PRIOR TO EACH GAME. (referee fees must be paid in cash)**

***A \$100.00 DEPOSIT IS REQUIRED IN ORDER TO REGISTER YOUR TEAM.**

TEAM NAME: _____

COACH (PERSON IN CHARGE): _____

ADDRESS: _____

TELEPHONE: _____

(Day, Night, Cell)

EMAIL: _____

***CHECK THE PROPER AGE GROUP/NIGHT YOU WISH TO PLAY:**

WOMEN 27 & OVER/THURSDAY NIGHTS _____

COED 30 & OVER/FRIDAY NIGHTS _____

COED 40 & OVER/FRIDAY NIGHTS _____

MEN 19 & OVER/SUNDAY NIGHTS _____

COED 27 & OVER/SUNDAY NIGHTS _____

***THE AGE LIMITS FOR EACH GROUP LISTED ABOVE WILL BE ENFORCED!**

***In order to register your team, please complete this form and send it to Gaetano Indoor, along with a \$100.00 deposit. The remaining team balance must be paid prior to the third game. NO EXCEPTIONS! The person in charge of a team is responsible for any outstanding balance owed. Please keep in mind that registration is on a first come, first serve basis. NO EXCEPTIONS!**

***I hereby register my team for the upcoming indoor session, and acknowledge that I have read and understand the information given on this form.**

SIGNATURE: _____ DATE: _____