

ADULT LEAGUE REGISTRATION FORM

Gaetano Indoor Soccer

P.O. Box 766

Malaga, NJ 08328

(856) 694-4303

www.gaetanoindoorsoccer.com

***\$600.00 PER TEAM. All team balances must be paid by the third game.**

***A \$13.00 REFEREE FEE MUST BE PAID BY EACH TEAM, PRIOR TO EACH GAME. THE COACH IS RESPONSIBLE FOR THE REFEREE FEE. (referee fees must be paid in cash)**

***A MINIMUM DEPOSIT OF \$100.00 IS REQUIRED WHEN REGISTERING.**

***REFUNDS WILL NOT BE GIVEN, ONCE THE INDOOR SESSION BEGINS.**

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 _____

COED 27 & OVER/SUNDAY NIGHTS _____

By signing below, you are officially registering your team for the upcoming indoor session, and you are acknowledging that you have read and understood all information given to you on this form. You are also accepting full responsibility for the team named on this form. Finally, by signing below, you are acknowledging that each member of your team is aware of and will abide by all rules and restrictions set forth by Gaetano Indoor.

SIGNATURE: _____ DATE: _____