



5817 S. 118th E. Ave. • Tulsa, Oklahoma 74146 • Phone (918) 249-0044 • Fax (918) 249-5156

ADULT TEAM REGISTRATION FORM

To register a team, complete the information below and return it with your **\$250 non-refundable deposit** by the registration deadline. **(NO deposit, NO play.)** The balance is due on or before the league begins. There will be an additional **\$50 late fee** per week if the remaining balance is not paid by the first game. A roster **MUST** be submitted each session, and **ALL players MUST have a waiver** on file with SoccerCity.

COACH/MANAGER: _____

TEAM NAME: _____ JERSEY COLOR: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (_____) _____

WORK: (_____) _____

MOBILE or PAGER: (_____) _____

EMAIL: _____

FIELD: LARGE ____ SMALL ____

LEAGUE: MEN'S ____ WOMEN'S ____ COED ____

AGE GROUP: OPEN ____ OVER 25 ____ OVER 30 ____ OVER 40 ____

DIVISION: Pro/Premier ____ Competitive ____ Rec Plus ____ Rec ____

I have read and agree to abide by the rules of SoccerCity.

Coach/Manager: _____ Date: _____

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SOCCERCITY USE ONLY

Date Received: _____ Deposit Amount: _____ Payment Type: _____

Receipt #: _____ Received By: _____