



5817 S. 118<sup>th</sup> 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: \_\_\_\_\_

LEAGUE: MEN'S \_\_\_\_ WOMEN'S \_\_\_\_ COED \_\_\_\_

AGE GROUP: OPEN \_\_\_\_ OVER 30 \_\_\_\_ OVER 40 \_\_\_\_

DIVISION: A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ D \_\_\_\_ E \_\_\_\_

**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: \_\_\_\_\_