Lakefront SC Indoor Complex
865 Publishers Parkway, Webster New York 14580
585-671-7730 office@lakefrontsc.com

Adult Indoor League Registration Form 2017/18

| Club Name | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|---------------------------------------------|----------------------|
| Team Name | | | | | |
| Main Contact | | | | | |
| Phone #1: | | Phone# 2 | | | |
| Address: | | | | | |
| City: | | | State | Zip | |
| E-mail Address: | | | | | |
| J | Men's Over 30 Session 2 | | | 9:00, 10:00, 11:00 5, 25, Apr 8, 15, 22, | |
| Cost \$ 990.00 | (per session) | (*Gam | e times may cha | nge due to number of | teams) |
| \$100 non-refundable reg Players must be over 30 Please submit roster wi Roster must have player Can only play for one ter Games are two 25-minut 8 v 8 on turf surface - fie Lakefront Indoor Soccer Lakefront reserves the ri control. | istration fee with apply years of age (th application) Is name, address & DC am per league the halves and 40 yds x 70 yds (on Complex is not respondent | OB aly turf or flats allo nsible for cancella | Comply to Maximum Must sign owed) tions due to weath | | r ond our control |
| Make Checks par Mail check to, A | * | | = | xway, Webster, N | NY 14580 |
| A deposit of \$100 with responsible for the tear still responsible for all | m's payment by the | - | <u>-</u> | | |
| Signature | | | I | Date | |