



## 2016 Piscataway 5v5 League

The Piscataway Soccer Club will once again host an indoor winter 5v5 league this winter.

**GAME FORMAT** – 40 minutes per game, 5v5 (4+Keeper)

**LOCATION** – The Piscataway HS, 100 Behmer Road, Piscataway, NJ

**AGE GROUPS** – U8 thru U18, boys and girls

**2016 DATES** – 8 Sundays, January 3 – February 28 (no games 2/7)

**TIMES** – Games will be played all day Sundays between 9:30 AM and 6:30 PM. Older teams scheduled to play earlier, and younger teams later.

**ROSTER SIZE –**

- U08-U10 a max of 14 players
- U11-U15 a max of 18 players
- U16-U18 a max of 22 players
- Only 10 players can dress for each game

**CARDING** – Players/coaches must have a valid NJ Youth or US Club pass.

**REGISTRATION FEES DUE 11/30 –**

- \$545 per team, plus \$80 referee fees per team (\$625 total)
- (After Nov 30<sup>th</sup> the registration + ref fee is \$675)
- \$40 discount per team for 4+ teams from same club

**REGISTRATION** – Fill out the registration form, include a copy of your roster, and a check made out to the *Piscataway SC*.

Mail completed registration to:

Chuck Myers  
Piscataway Soccer Club  
43 Cherrywood Drive  
Piscataway, NJ 08854

**QUESTIONS** – Send email to Chuck at [cwm1@optonline.net](mailto:cwm1@optonline.net)

**INFO** – This league is designed to provide travel teams and high school age players the opportunity to continue getting valuable touches on the ball throughout the winter months. The league is open to all area club teams.



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### (1) REGISTRATION INFORMATION:

|                                      |  |
|--------------------------------------|--|
| Club name:                           |  |
| Team name:                           |  |
| Age:                                 |  |
| Gender:                              |  |
| League:                              |  |
| Current Flight:                      |  |
|                                      |  |
| Head Coach (name):                   |  |
| Email:                               |  |
| Cell Phone:                          |  |
|                                      |  |
| Team Manager / Assistant Coach name: |  |
| Email:                               |  |
| Cell Phone:                          |  |
|                                      |  |
| Requesting a discount?               |  |

### (2) Include a copy of your team's roster.

(Add guest information, if any, directly onto the roster page, max of 3)

### (3) Include a check made out to the "Piscataway SC".

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### (4) Mail completed registration to:

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