

METRO CITY SOCCER

TEAM APPLICATION

Please print

Team Name: _____

Manager: _____

E-mail Address: _____

Address: _____

City, Zip: _____

Evening Phone: _____ Day Phone: _____

Co-Manager: _____ Co-Manager Phone: _____

MANAGER'S RESPONSIBILITIES

Team managers are deemed the representatives for each team they manage. As such, the manager is the individual who signs the Team Application, and is the responsible party regarding rosters, schedules, fees, waivers, and other information.

The undersigned has read and understands all rules and laws of the game of Metro City Soccer.

Manager's Signature: _____ Date: _____

Adults:

Men's Wednesday C _____
Men's Thursday A _____ B _____
Men's Sunday A _____
Women's A _____ B _____ C _____
Co-Ed Saturday B _____ C _____
Co-Ed Sunday B _____ C _____
Co-Ed Monday B _____ C _____
Co-Ed Friday B _____ C _____
Co-Ed U19 _____
Men's 40 > C _____

Youth:

Boys:	Girls:	Skill level:
U16 _____	U16 _____	C = Comp
U14 _____	U14 _____	S = Select
U12 _____	U12 _____	(include division)
U10 _____	U10 _____	R = Rec
U8 _____	U8 _____	

Team Fees

Youth: \$90.00 per game, per team.

Adult: \$91.00 per game, per team.

A 10% late fee will be applied to league fees if not received in full by the second game.

All non-notified forfeits will result in an \$100.00 per game team fine.

www.metrocitysoccer.com

Call (916) 638-GOAL, Fax (916) 638-5151, E-mail admin@metrocitysoccer.com

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