

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: _____

Sunday Adult Men's Over 30 Game Times – 7:00, 8:00, 9:00, 10:00, 11:00 AM*

___ Session 2 Feb 18, 25, Mar 4, 11, 18, 25, Apr 8, 15, 22, 29

(*Game times may change due to number of teams)

Cost \$ 990.00 (per session)

\$100 non-refundable registration fee with application

Players must be over 30 years of age

Please submit roster with application

Roster must have player's name, address & DOB

Can only play for one team per league

Games are two 25-minute halves

8 v 8 on turf surface - field 40 yds x 70 yds (only turf or flats allowed)

Lakefront Indoor Soccer Complex is not responsible for cancellations due to weather or circumstance beyond our control

Lakefront reserves the right to change any league, game date or time, game length due to circumstance beyond our control.

Includes referee fees

Comply to WSA Zero Tolerance Policy

Maximum roster is 18 players

Must sign medical release wavier

Make Checks payable to, Lakefront SC (one check per team)

Mail check to, Adult Soccer Leagues, 865 Publisher Parkway, Webster, NY 14580

A deposit of \$100 with team application is required for entry. As a team contact, I understand that I am responsible for the team's payment by the first game. If the team drops out of the league, I understand that I am still responsible for all team fees.

Signature _____

Date _____