



Erin Mills Soccer Club Adult Indoor Soccer League 2010 Winter Session



TEAM REGISTRATION FORM

Please check appropriate Division/Day:

Sunday PM (7v7)

Men's Open

Tuesday PM (5v5)

Men's Div A

Men's Div B

Men's Div C

Men's Div D

Wednesday PM (5v5)

Men's Over 35

Men's Div A

Men's Div B

Men's Div C

Men's Div D

Thursday PM (5v5)

Co-ed Div A

Co-ed Div B

Co-ed Div C

Thursday PM (5v5)

Women's Div A

Women's Div B

Women's Div C

Please Print Clearly and Complete in Full

Team Name:	
Primary Contact Name:	
Street Address:	
City:	Postal Code:
Home Tel:	Cell:
Email:	Work Tel:

Secondary Contact Name:	
Home Tel:	Cell:
Email:	Work Tel:

<p>Team Payment Terms <i>I, as Team Contact, agree to be responsible for collecting the entire team payment and submitting the full payment along with the OSA Player Insurance Registration fee of \$15 per player who was not registered in the Fall 2009 session.</i></p> <ol style="list-style-type: none"> \$400 (5v5) or \$600 (7v7) Deposit Due with Registration Form; OSA Fees for new participants due at time of registration; Outstanding balance due by first game.

The _____ soccer team agrees to play in the Erin Mills Adult Indoor Soccer League for the 2010 Winter Session commencing in January 2010 and agrees to pay the league fees in accordance with the above payment terms. I, _____, fully understand the terms and conditions of playing in the Erin Mills Adult Indoor Soccer League.

Please make cheque payable to the "Erin Mills Soccer Club"

NAME: _____ DATE: _____

SIGNATURE: _____

5v5	
10 Weeks (\$750)	<input type="checkbox"/>
20 Weeks (\$1200)	<input type="checkbox"/>
7v7	
10 Weeks (\$1350)	<input type="checkbox"/>
20 Weeks (\$2400)	<input type="checkbox"/>

Please submit registration and payment to either: Erin Mills Soccer Club 3135 Unity Dr, Unit 3, Mississauga ON L5L 4L4 Tel: 905.820.9740	Ultimate Sportsplex 3636 Hawkestone Road Mississauga ON L5C 2V9 Tel: 905.268.0682
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