

WEB SUMMER **INDOOR** Adult TEAM League Registration **2018**

Complete this Registration with complete payment and return to:
Break Away Sports Center, Inc, 5964 Executive Drive, Madison WI 53719

Team manager

Address	City	Zip
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Telephone (home)	(cell/work)
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Email Address

Read & Sign

As the team manager, I have read & understand the registration procedures as described for the Summer Indoor League Registration. I accept the responsibility that the team indicated above will play according to the policies listed in the registration procedures, team packet and rules of play for Break Away Sports Center, Inc. Any participation to the contrary will be grounds for removal from further participation without refund to team or player.

X _____
Team Manager signature

INDOOR ADULT SOCCER (complete the following information)

Team Name: _____ Team Color: _____

SKILL LEVEL Good Fair Low

LEAGUE:

Women's Over 30 - Sun Over 50 - Mon
 Coed Social - Fri (Sun) **OR** Coed Social - Sun (Fri)

Coed Average Team Age: _____

Optional Credit Card Payment: I understand that by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above team registration.

MC Visa Discover Amer Express

Signature _____

Card # _____ Exp. Date _____