

ADULT LEAGUE -TEAM

Complete & Return to: BREAK AWAY SPORTS CENTER INC, 5964 Executive Dr, Madison, WI 53719

Name of Team Manager

Address/City/Zip

Telephone (Primary) (Alternate) Email address

Team Manager read & sign!

As a team manager, I have read & understand the league registration procedures described on this website. As a team manager indicated above, I accept the responsibility that the TEAM will play according to the policies and rules detailed in the registration procedures and League Rules. Any participation to the contrary will be subject to removal from further participation of the players or the team without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season.

X _____
Adult Manager Signature

(check or complete all that apply)

Any Team Preferences may be submitted in writing when registering (NOT GUARANTEED)

SESSION: Winter I Winter II Winter III Spring

TEAM NAME: _____ **COLOR:** _____

LEAGUE: (check or complete all that apply)

Men's Recreational

Men's Over 40

Adult Over 50

Coed Mo/We

Coed We/Fr

Coed Su/We

Women's skilled

Women's Open Rec

Women's Over 30

Average Age: _____

Adults Night Prowler (Men's Rec or Coed)

SKILL LEVEL: Very Skilled Good Intermediate Low Skill

CREDIT CARD PAYMENT

(Office Use ID _____)

As the Representative registering the team above, 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 and that by registering with partial team payment, I accept and approve any remaining team fees will automatically be charged to this credit card after the first game of league play without any further notification.

MasterCard

Visa

Discover

Amer Express

Card Holder Signature X _____

Credit Card # _____ Exp. Date _____