

# Boys/Girls Youth Soccer Leagues



<b>Divisions</b>	<b>Start Dates</b>	<b>2 x 25 minute Halves</b>	<b>Cost</b>
U9-U14 Boys	Fall – October 17 <sup>th</sup>	: 10 Weeks	\$750
U9-U14 Girls	Fall – October 17 <sup>th</sup>	: 10 Weeks	\$750
U15-U16 Boys	Fall – October 31 <sup>st</sup>	: 8 Weeks	\$700
U19/H.S. Boys	Fall – October 31 <sup>st</sup>	: 8 Weeks	\$700
U15-U16 Girls	Fall – October 31 <sup>st</sup>	: 8 Weeks	\$700
U19 Girls/Women	Fall – October 31 <sup>st</sup>	: 8 Weeks	\$700
U9-U14 Boys	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750
U9-U14 Girls	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750
U15-U16 Boys	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750
U19/H.S. Boys	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750
U15-U16 Girls	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750
U19 Girls/Women	Winter – February 6 <sup>th</sup>	: 10 Weeks	\$750

## 2009 - 2010 Youth Soccer Team Application

Team Name \_\_\_\_\_

Manager/Coach \_\_\_\_\_ Email \_\_\_\_\_

Division \_\_\_\_\_ Circle Session **A. Fall**  
**B. Winter**

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

As manager/coach, I understand I'm responsible for the team's payments (balance/full payment) by the third game. If the team is dropped from the league, I'm responsible for all the team's fee. NOTE: Must be at least 18 to sign this form.

X \_\_\_\_\_  
Signature Date

Please send application with deposit or full payment to:

**SYRACUSE INDOOR SPORTS CENTER**  
4989 HOPKINS RD., LIVERPOOL, NY 13088

Questions? Call us at 451-1800!!

[www.siscinfo.com](http://www.siscinfo.com)