



ADULT SOCCER LEAGUES 2007-2008 TEAM APPLICATION



Year-round play at all experience levels!

This year we will feature 8 adult soccer divisions. **No team? We will place all interested individuals on a team!**

All games will be played on two 75 yd x 40 yd fields with outdoor size goals and no boards!

All fields feature Playfield Turf...feels and plays like real grass!

Divisions	Proposed		Number On Field	Session	
	Day & Time			Start Date	Cost/Team
Men's A	Sun.	3-12 midnt	7 v 7	FALL: Sept. 30	\$850
Men's B	Sun/Mon	3-12 midnt	7 v 7	WINTER: Dec. 9	\$850
Men's C-I	Sun/Mon	4-12 midnt	7 v 7	SPRING: Mar. 2	\$850
Men's C-II	Sun/Mon	4-12 midnt	7 v 7	SUMMER I: May 11	\$750
Women's Open	Sun	4-9 pm	8 v 8	SUMMER II: July 22	\$750
Women's Rec	Sun	4-9 pm	8 v 8		
Adult Coed Open	Tue/Wed	7-12 midnt	8 v 8		
Adult Coed Rec	Tue/Wed	7-12 midnt	8 v 8		

- To register, send in the team application form below with a \$200 deposit by the deadline.
- Balance (paid in full) is due by your first game.
- Team fees include all referee's fees.
- Each team is guaranteed 8 games as part of season play.
- Additionally, the top four teams in each division will qualify for a play-off week.
- Deadline - one week prior to start of each session

Levels of Play	Description
Men's A.....	Very experienced, very competitive, college players
Men's B.....	Experienced, competitive
Men's C.....	High school experience, beginners, old timers
Women's Open.....	Very experienced, competitive, high school experience
Women's Rec.....	Beginners, recreational players
Adult Co-ed Open.....	Experienced, competitive
Adult Co-Ed Rec....	beginners, old timers, husbands/ wives/ couples

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Please check session: FALL WINTER SPRING SUMMER I SUMMER II

TEAMNAME _____ DIVISION _____

MANAGER/COACH _____ Email _____

PHONE (H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP _____

As manager/coach, I understand I'm responsible for the team's payments (balance/full payment) by our first 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!

