

"Snokomish County's Premier Indoor Soccer Facility"

The Everett Soccer Arena



2201 California Street
Everett, Wa. 98201
425-339-2622 or 425-745-4322
fax 425-339-8512

www.everettsoccerarena.com

DIVISIONS

MONDAY: OVER 30 WOMEN

TUESDAY: OVER 30 MEN

WEDNESDAY: OPEN MEN, OPEN WOMEN

THURSDAY: OVER 30/40 WOMEN

FRIDAY: OVER 30 COED

SAT/SUN: GIRLS, BOYS

SUNDAY MORNING: OVER 40 MEN

SUNDAY EVENING: OPEN COED

WE RESERVE THE RIGHT TO CHANGE DAYS & DIVISIONS AS NEEDED

REGISTRATION

*FILL OUT TEAM REGISTRATION FORM BELOW, PAYMENT IS DUE AT TIME OF REGISTRATION, OR A VISA/MASTERCARD NUMBER WILL SECURE THAT YOUR TEAM IS IN THE LEAGUE. WE CAN HOLD THE CHARGE UNTIL THE FIRST GAME, PAYMENT IS DUE AT THAT TIME OR YOUR CARD WILL BE CHARGED. A \$50.00 FEE WILL OCCUR IF YOU DECIDE NOT TO JOIN OUR LEAGUES AFTER SCHEDULING IS COMPLETED.

*TEAM ROSTER/WAIVER FORM MUST BE COMPLETED BY FIRST GAME.

DETAILS

*NO REFUNDS OR CREDIT WILL BE GIVEN IF TEAM DOES NOT SHOW UP OR CANCELS SCHEDULED GAME OR IS EXPELLED FOR FIGHTING OR ANY OTHER CONDUCT CONSIDERED BY THE MANAGEMENT AS INAPPROPRIATE

*INDOOR SHOES ONLY (FLAT SOLES), TEAMS MUST DRESS IN MATCHING COLORED SHIRTS

*ALL GAMES CONSIST OF TWO 23:00 MINUTE HALVES AND ARE REFEREED

*FIVE PLAYERS ON THE FIELD, PLUS A KEEPER

*YOUTH AGES RANGE FROM U5/6 TO HIGH SCHOOL

*U5/6 & U7/8 ARE COED LEAGUES. *U5/6 PLAY TWO 10 MINUTE HALVES WITH SEVEN PLAYERS ON THE FIELD AT A DISCOUNTED PRICE.

*U7/8 PLAY THREE 12 MINUTE PERIODS.

SEASON _____ DIVISION _____ DATE _____

TEAM NAME _____ SELECT OR RECREATIONAL

TEAM MANAGER OR COACH _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

EVENING PHONE _____ ALTERNATE PHONE _____

MASTERCARD OR VISA

CREDIT CARD # _____ EXP. DATE _____ AMOUNT \$ _____

SIGNATURE _____

BY SIGNING, I AUTHORIZE THE AMOUNT INDICATED TO BE CHARGED TO MY MASTERCARD OR VISA ACCOUNT.