

CO-ED/Women's TEAM REGISTRATION

Team Name: _____Manager's Name: _____

Manager's email: _____Manager's Address: _____

Manager's City/Zip: _____Manager's Phone: _____

Manager's Signature_____ Date: _____

The Manager assumes responsibility for payment of the Team Fees. **Team registration fee is $860 for a 10-game season (includes the referee fees for the 8 regular season games plus 2 playoff games).** All leagues are **filled on a first pay ($430 deposit),** first served basis. The pending total ($4**30**) is due before the first game of the season.

*Teams are required to wear shin guards and matching color uniforms.

Last Name	First Name	Phone Number	Signature
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