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**PARK DISTRICT**



# Late Fall 2019 Adult Indoor Soccer League -WOMENS

**REGISTRATION DEADLINE IS THURSDAY, OCTOBER 24, 2019**

CALL (847) 534-3141 FOR MORE INFORMATION

Entry Fee (Circle One):      **Womens:**    \_\_\_\$625-Resident Team                    \_\_\_\$700-Non Res. Team

- ALL PARTICIPANTS MUST BE 18 OR OLDER, Rosters are due before team's first match. All players must bring photo IDs to each game. Teams are subject to random roster checks, and no ID = no play.
- **Registration options:** In Person at the Sport Center; 1141 W. Irving Park Rd, Schaumburg, IL 60193, or Email completed registration form w/ completed payment info to [dedvorak@parkfun.com](mailto:dedvorak@parkfun.com) Online at [www.parkfun.com](http://www.parkfun.com)
- **PAYMENT IN FULL DUE UPON REGISTRATION**
- **Resident team consists of 60% Schaumburg Park District residents.** Must show proof of residency upon request.
- All teams must supply their own numbered/same colored shirts by first match.
- Min/Max: 4 Teams/9 Teams per league                    **6 game season**
- League plays 7 v 7 (6 field players + 1 keeper).                    All games are 2 x 25 minute halves
- Prize money will be awarded to Top 2 teams

DAY	DATES	GAME START TIMES	CODE#
Thu	11/7-12/19	Range from 7:30-10:00pm	29238

Team Name: \_\_\_\_\_ Team Colors: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address: \_\_\_\_\_

Asst.

Captain: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### **PAYMENT INFORMATION**

Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV (3 digit # on back) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**If full payment is not paid at time of registration, then credit card info and a signature must be provided. By signing, you are giving your consent to have your credit card charged the balance of the league fees the day after the registration deadline: October 24, 2019.**

**For office use only**

**Tot Paid:** \_\_\_\_\_ **Balance** \_\_\_\_\_

Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_ Charge: \_\_\_ Check #: \_\_\_\_\_