

FALL 2010 Soccer Team Enrollment Form!

in cooperation between FC Southland and the Belton Park Department

CLUB/TEAM NAME: _____

TEAM Color: _____

Practice Location: _____

Note: Please don't practice on the **Game Fields** without permission from Belton Park Department.

COMPETITION LEVEL Desired: A (Strong) _____ B (Medium) _____ C (Recreation) _____
DIVISION: Boys (Coed) _____ Girls _____ AGE: _____ (U8-U19) Single Age _____

*Note: Please indicate what age level you WANT to play in NOT what age level the team is registered.

COACH'S NAME: _____

PRIMARY CONTACT / TEAM MANAGER INFORMATION:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

E-MAIL ADDRESS THAT IS AVAILABLE 24/7 FOR CANCELLATIONS ETC: _____

KC METRO SOCCER League session will include **8 (eight)** games that will start August 28 and end November 7. Unless indicated by your requested dates off selections, teams should plan on playing the weekends from 8:00am - 5:30pm unless two local teams play each other & may play on a weekday evening depending on daylight savings time.

Indicate the weekends, which your team will **NOT** be available for play and reason.

(Recommended Maximum number of Request Dates Off - TWO weekends). Please keep in mind tournaments. The final schedules will be ready on or about August 12, 2009.

WEEKEND: #1 _____

Reason: _____

#2 _____

Reason: _____

SPECIAL REQUEST(s): _____

TEAM FEES: \$450 for U7 & U8; \$625 for U9 & U10 \$700 for U11 & U12,
\$750 for U13, U14 & 15, \$800 for U16-U19

Return application with \$200 Deposit by **July 15, 2010**

TO: 16400 N. Mullen Road, Belton, MO 64012

Late Applications and/or the rest of the **TEAM FEE** will be due on
August 7, 2010 at coaches' draft. (\$200 late fee - if applicable).

(Make checks payable to Belton Park Department)

If you have any comments regarding your team, please use the back.

Reminder: Please fill out a player registration form for each player & coach on your team to complete registration.

Office Use Only: Date Rec'd: _____ Check # _____ Amount: \$ _____

For more information, contact Shane DeWald at 348.7400, ext. 7408 or
FC Southland at 588.5031