



Shoreline Soccer Team Registration Form

Please fill this form out and return it to Shoreline Soccer Club with a \$200 non-refundable deposit to reserve your position.

Age Group: _____ Division: Open Rec Rec +30 Rec +40
(i.e. U14) (Circle One)

Section: Male Female Coed Session: 1 2 3 4
(Circle One) (Circle One)

Team Name: _____

Have You Played at Shoreline Soccer Club Before ? (Circle One) Yes No

If Yes When: _____ Previous Team Name: _____

First Contact (Coach):

Name: _____ Phone: (H) _____

Address: _____ (W) _____

_____ E-Mail Address: _____

Second Contact (Assistant Coach):

Name: _____

Phone: (H) _____ (W) _____ E-Mail Address: _____

Special Requests, such as scheduling requests (We will try to honor any requests, but no guarantees): _____

Teams will be placed in leagues on a space available basis, in the order in which they are registered. Registration forms and rosters are due by the first game.

I understand that I am responsible for turning in all individual player waiver/registration forms and full payment of my team's registration fee prior to our first game. I also agree to abide by the rules set at Shoreline Soccer Club.

Signed: _____ Date: _____

Payment Information

Payment (Circle One):

Amount Enclosed: \$ _____ Cash Check MasterCard Visa

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Please make checks payable to Shoreline Soccer Club & Send to:
6875 Norton Pines Drive, Spring Lake, MI 49456

* FOR OFFICE USE ONLY *

Deposit	Balance
Amount Paid: \$ _____	Amount Paid: \$ _____
Payment Type: _____ Check #: _____	Payment Type: _____ Check #: _____
Date: _____ Manager: _____	Date: _____ Manager: _____

Registration Forms Roster Paid in Full Manager: _____