

# SPORTZ SERVICES 4U, INC.



## REGISTRATION FORM

TEAM INFORMATION			
TEAM NAME:		DATE of REGISTRATION:	
League & Division: SLSL8v8    MRSL8v8    BRSL6v6    OTHER OPEN      35 OVER      COED		SEASON: Winter (Dec/Feb)      Spring(Mar/May) Summer (June\Aug)      Fall (Sep\Nov)	
My team cannot play on the following dates or times:			
TEAM MAIN CONTACT			
First Name	Last Name	Phone Number	
Street Address		City, State, and Zip Code	
Alternate Phone Number		Email Address	
TEAM COACH			
First Name	Last Name	Phone Number	
Street Address		Email Address	
Payment Method Cash _____ Credit Card _____ Check _____			Check Number _____
<b><i>Read and sign the following agreement to complete this registration form</i></b>			
<p>This is an agreement between the team captain/team and Sportz Services 4U, Inc (SS4U) that they understand and have or will read the rules provided on the web site <a href="http://www.ss4u.net">www.ss4u.net</a>. This is also an agreement that the team will be responsible to pay the registration fee of \$_____ and all additional fees (deposit, referee, red cards, etc.) required by the league. Minimum payment of \$_____ must be received on each of the first 3 games and registration must be paid in full by the 4<sup>th</sup> game or a <b>\$25.00 late fee</b> will apply. All standings and schedules will be posted on the website by Wednesday of the following week. For any question or concerns please contact us at 954-353-4831 or email us at <a href="mailto:ss4u@ss4u.net">ss4u@ss4u.net</a>.</p>			
MAIN CONTACT SIGNATURE:	DATE:	COACH SIGNATURE:	DATE: