

The Fairfax Sportsplex Youth Recreation Indoor Soccer 2009/2010 League Registration Form



SESSION 1

NOVEMBER 14, 2009 - DECEMBER 20, 2009

REGISTRATION DEADLINE: NOV 5, 2009

6 GAMES

Team 6 on 6 League

\$585

Team 5 on 5 League

\$525

Individual

\$75

SESSION 2

JANUARY 2, 2010 - FEBRUARY 7, 2010

REGISTRATION DEADLINE: NOVEMBER 30, 2009

6 GAMES

Team 6 on 6 League

\$640

Team 5 on 5 League

\$595

Individual

\$85

SESSION 3

FEBRUARY 13, 2010 - MARCH 28, 2010

REGISTRATION DEADLINE: JAN 27, 2010

7 GAMES

Team 6 on 6 League

\$715

Team 5 on 5 League

\$655

Individual

\$90

Age Groups

6 on 6 leagues:

U6 COED, U7 - U19 GIRLS, and U7 - U19 BOYS

5 on 5 leagues:

U9 - U12 GIRLS, U8 - U12 BOYS

To Register

Fill out the form below for either team or individual registration, and mail with payment to:

**The Fairfax Sportsplex
6800 Commercial Drive
Springfield, VA 22151**

All games are played on Saturday, 7 am - 11 pm and Sunday, 7 am - 8 pm. Please contact the League Director for specific age group time brackets. We accept individual registrations for age groups U6 - U13. Children will be grouped together by age to form a team. We rely on parents to coach teams made up of individuals.

Teams in Session 1 are guaranteed a spot in Session 2 and Teams in Session 2 are guaranteed a spot in Session 3 only if full payment is received by the registration deadlines.

This league is intended for recreation (house) level players only. Each team may only carry 2 select (carded) players. Exceptions may only be made by the league director.

LEAGUES FILL QUICKLY, EARLY REGISTRATION IS RECOMMENDED.

For more information please contact: Nicole Brower, League Director

nicolebrower@verizon.net

703 - 723 - 3490

YOUTH RECREATION SOCCER - LEAGUE REGISTRATION FORM

<input type="checkbox"/> SESSION 1		<input type="checkbox"/> SESSION 2		<input type="checkbox"/> SESSION 3	
TEAM NAME		TEAM COLOR		<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	
COACH'S NAME		AGE GROUP U - ___		<input type="checkbox"/> 5 on 5 <input type="checkbox"/> 6 on 6	
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE (DAY)	PHONE (EVE)	E-MAIL			

INDIVIDUAL REGISTRATION (not necessary for team registration)

CHILD'S NAME		DATE OF BIRTH		
PARENT'S NAME		<input type="checkbox"/> BOY <input type="checkbox"/> GIRL		
STREET ADDRESS				
CITY		STATE		ZIP CODE
PHONE (DAY)	PHONE (EVE)	E-MAIL		

