



TAYLOR SPORTSPLEX 2009/10
TEAM/LEAGUE REGISTRATION



INDOOR SOCCER LEAGUE

ADULT ICE HOCKEY LEAGUE

SEASON

FALL WINTER SPRING

AGE GROUPS

U8 COED

YOUTH

U10 BOYS U10 GIRLS
 U12 BOYS U12 GIRLS
 U14 BOYS U14 GIRLS
 U16 BOYS U16 GIRLS
 U18 BOYS U18 GIRLS

HIGH SCHOOL COED

ADULT

ADULT COED RECREATIONAL
 ADULT COED COMPETITIVE
 ADULT COED 30+
 MEN'S RECREATIONAL
 MEN'S COMPETITIVE
 MEN'S 30+
 WOMEN'S OPEN

SEASON

FALL/WINTER SPRING

DIVISION

TIER 1
 TIER 2
 TIER 3

2009 HOLIDAY SHOOT-OUT
INDOOR SOCCER TOURNAMENT

U10 BOYS U10 GIRLS
 U12 BOYS U12 GIRLS
 U14 BOYS U14 GIRLS
 U16 BOYS U16 GIRLS
 U18 BOYS U18 GIRLS

TEAM/LEAGUE REGISTRATION FORM

Captain/
Contact Name: _____

Team
Name: _____

Contacts
Email Address: _____

Team Contact
Phone #: (Home) _____

Address: _____

(Cell) _____

City: _____ State: ____ Zip: _____

Team Schedule Requests: _____

* TSX will do it's best to honor your request
but can not guarantee your request.

I hereby agree to make all the team payments by the required dates. I understand that my team will not be allowed to play without the required payments being made by the payment deadline. I understand that by my signature, I agree to make full payment for the team named above and failing to do so will result in legal action.

Sign: _____ Print Name: _____ Date: _____

For Office Use Only:

Amount
Paid: \$ _____ Date: _____

Method of
Payment: CASH CHECK CREDIT