



TEAM INFORMATION FORM

Team Name: _____	Age Level: _____
Coach: _____	Home Phone: _____
Home Address: _____	Cell Phone: _____
City/Zip: _____	E-mail Address: _____
Asst Coach: _____	Home Phone: _____
Home Address: _____	Cell Phone: _____
City/Zip: _____	E-mail Address: _____

Please indicate the skill level of your team

(Adult) Competitive: _____ (Adult) Intermediate: _____ (Youth) NISL/YSSL/IWSL Level: _____

Indoor Soccer League

Code: _____

Fee: Session I- \$600(6 weeks) Session II- \$1350(12 weeks)

A \$200 non-refundable deposit is required to guarantee placement in the league if not paying in full. Remaining balance must be paid in full 2 weeks before the start of the season or team will not be placed on the league schedule.

*****Teams that register for Session I will receive \$100 discount towards Session II as well as a guaranteed spot in Session II.
 (Two separate registrations will be needed if playing both sessions)

If you have any questions, please call Brenden Berry at 630-858-2462 x 148

Method of Payment:																				
Deposit: _____	Date Paid: _____																			
Balance: _____	Date Paid: _____																			
Circle One:	CASH CHECK VISA MASTERCARD DISCOVER																			
Account Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																			
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