

# Maryland SoccerPlex



## **Soccer Leagues Adult (7v7) 2010 Session IV**

Start Date September 07th

All games played on new state of the art lighted synthetic turf fields.

For more information call 301-528-1480  
or visit [www.mdsoccerplex.org](http://www.mdsoccerplex.org)

### Divisions Offered

- Premier
- Competitive
- Recreational

### **NIGHT GAMES**

### Leagues & Days (\$775.00 per team)

- **Monday September 13**  
Coed Open & Men's 40+ (8v8)
- **Tuesday September 07**  
Men's Open & Men's 30+
- **Thursday September 16**  
Men's Open, Men's 30+ & Men's 40+
- **Saturday September 11**  
Men's Open League



**Register Now! Space is Limited**  
[www.mdsoccerplex.org](http://www.mdsoccerplex.org)

**Maryl and SoccerPlex**  
18031 Central Park Circle, Boyds, MD 20841

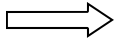
# 2010 SESSION III OUTDOOR ADULT SOCCER LEAGUES

## Registration Form

Please complete form below and mail or fax with payment to:

Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841 / Fax: 301-540-4276

Please check  
your division



<u>DAY</u>	<u>DIVISION</u>	<u>DATE</u>
<input type="checkbox"/> Monday	Coed Open	September 13
<input type="checkbox"/> Monday	Men's 40+	September 13
<input type="checkbox"/> Tuesday	Men's Open	September 07
<input type="checkbox"/> Tuesday	Men's 30+	September 07
<input type="checkbox"/> Thursday	Men's Open	September 16
<input type="checkbox"/> Thursday	Men's 30+	September 16
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Saturday	Men's Open	September 11

### Division Type

Premier

Competitive

Recreational

*(Please circle  
your division)*

### Cost

\$775.00 per team

### Game Times

7:00pm - 11:00pm

NO LATE GAMES

## Team Information

Team Name: \_\_\_\_\_

Coach/Captain Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: h) \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

**Email: (mandatory)** \_\_\_\_\_

Payment Information (\$775/team) Team must submit one payment. Fees includes all referee fees & tax.

Credit Card: (circle)      Visa      MasterCard

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ Amt: \_\_\_\_\_

V-Code: (3-digit # on back of card): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Check: (Made Payable to Discovery Sports Center) Number: \_\_\_\_\_ Amt: \_\_\_\_\_

Cash: All cash payments must be made in person.

Refund Policy: There is a \$50 non-refundable administration fee.

Team registrations are accepted on a first come first serve basis until leagues are filled.

Players must only be rostered & play on the same league.