



SUMMER 2014 ADULT ARENA SOCCER LEAGUE



PLEASE TYPE OR PRINT CLEARLY!!

OFFICIAL ROSTER

NAME OF TEAM _____
 TEAM MANAGER _____
 ADDRESS _____
 CITY _____ ZIP _____
 *REQUIRED E-MAIL ADDRESS _____
 ASSISTANT TEAM MANAGER _____
 *REQUIRED E-MAIL ADDRESS _____

LEAGUE: Circle one	Men's Open MON	Men's Rec Open TUES WEDS		Coed Rec Open THUR FRI	

PHONE (H) _____
 PHONE (W) _____
 PHONE (C) _____
 PHONE (H) _____
 PHONE (W) _____
 PHONE (C) _____

REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE

ENTRY FEE: \$400.00

CASH - CHECK - DISCOVER - MASTERCARD - VISA

- - -
 Discover MasterCard Visa

EXPIRATION DATE _____ CARD HOLDER SIGNATURE _____

MAKE CHECK PAYABLE TO THE CITY OF HUNTINGTON BEACH

All schedule changes and updates will be sent by email

ROSTER CHANGES (MAXIMUM OF 5 ADDITIONS):

	NAME	ADDRESS	CITY	PHONE	BIRTH DATE
1.					
2.					
3.					
4.					
5.					

RECEIPT # _____ DATE _____ INITIAL ____ C/C ____ CHECK # _____ ROSTER # _____

Refund Processed/Check Returned: Amount _____ Date _____ By _____

Registration Deadline: **June 9, 2014**

All games will be played at the Central Park Sports Complex, 18120 Goldenwest Street
 If you have any questions, please contact Community Services Department at (714) 536-5486

****SEE REVERSE SIDE****

CITY OF HUNTINGTON BEACH

COMMUNITY SERVICES DEPARTMENT

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NAME OF TEAM _____	LEAGUE: Circle one	Men's Open <i>MON</i>	Men's Rec <i>TUES</i> Open <i>WEDS</i>	Coed Rec <i>THUR</i> Open <i>FRI</i>
TEAM MANAGER _____		ADDRESS _____	PHONE (H) _____	
CITY _____	ZIP _____	PHONE (W) _____		
*REQUIRED E-MAIL ADDRESS _____	PHONE (C) _____			
ASSISTANT TEAM MANAGER _____	PHONE (H) _____			
*REQUIRED E-MAIL ADDRESS _____	PHONE (W) _____			
<u>REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE</u>	PHONE (C) _____			

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	NAME	ADDRESS	CITY	PHONE	JERSEY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

SEE REVERSE SIDE