



Co-Ed Indoor Soccer League  
 Team Registration Form  
*Registration Deadline is February 15th*

<b>Coaches Name</b>	<b>Phone Number</b>	<b>Address, City, State, Zip-Code</b>
<b>Grade Level (circle one)</b>	<b># of each</b>	<b>Coaches e-mail address</b>
3rd and 4th Grade:	___ Boys	Team Name:
5th and 6th Grade:	___ Girls	

<b>TEAM ROSTER</b>		<b>TEAM NAME:</b>			
#	Players Name	M or F	Shirt Size	Returned waiver	Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

<b>2012 Game Schedule:</b>	
February 26th	March 18th
March 4th	March 25th
March 11th	April 1st

- \* The first 8 paid teams in each division will be accepted
- \* Cost \$ 35 per player with a minimum of 8 players per team
- \* Cost includes 1 team practices at Total Fitness on February 20th & team T-shirts
- \* All teams are guaranteed 6 games

Make Checks Payable to **Total Fitness**

Mail or drop of registration form and participation waivers to: Total Fitness  
 1110 16th Avenue Court SE  
 Dyersville, IA 52040

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