



Canlan Adult Indoor Soccer Team Application Form

Winter 2021 (Jan-Mar)

Fax: 604-291-2213

Team Name	
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Has your team ever played here before?	Y	N
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What is your team's jersey color?	
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** Teams are required to have numbered jerseys in a similar color*

Division Request (Circle One)	MEN'S	1	2	3	4	5
	COED	1	2	3	4	5
	WOMEN'S (OPEN)					

Although we will take into consideration all team requests for preferred game nights, requests cannot be guaranteed in fairness to all teams. Also, in order to ensure that all divisions contain teams of a similar caliber, all decisions regarding divisional placements are totally at the discretion of the League Manager and League Admin.

Team Rep's Name	
Address	
City	
Postal Code	
Preferred Contact #	
Alternative # (optional)	

Email Address

Due the amount of league information being distributed via email, each team MUST supply a valid email address. If the Team Rep does not have an email address, then someone else on the team must supply their address. This other person will then be registered as the team's assistant rep.

Email Address	
Team Rep's Signature	
Date Signed	

***Registration deposit:** \$500 (Due upon registration and included in the team price)
This deposit is NON-REFUNDABLE.

***Season Team Fee:** \$2,520(+GST)

Cardholder Name		VISA		MC	
Card #		Expiry		/	
Payment Amount (min. \$ 500)	\$		CVV		