

Session #: _____

SOCCER REGISTRATION- FALL/WINTER LEAGUES

DATE _____ TEAM CONTACT _____ TEAM NAME _____

Women's Leagues (7 a-side)

___ Women's Rec –Thursday night

Men's Leagues (9 a-side)

___ Men's Open – Sunday night

CLASSIC YOUTH LEAGUES

___U9 Girls ___U10G ___U11G ___U12G ___U13G ___U14G ___ HS Girls

___U9 Boys ___U10B ___U11B ___U12G ___U13G ___U14G ___ HS Boys

PREMIER YOUTH LEAGUES (9 a-side)

___U12G ___U13G ___U14G ___U15G ___U16G ___ Women's Prem.

___U12B ___U13B ___U14B ___U15B ___U16B ___ Boys Prem.

League start date _____

Contact information

Email address	
Address-street	
City	
State/zip	
Home/work phone	
Cell phone	

Method of Payment

Cash _____ Check # _____ Credit Card _____(Visa/MasterCard)

Please forward payment to:

SMCRC

215 Narragansett St., Gorham, Maine 04038

Tel: 207-839-6767

Fax: 207-839-6767

Email: info@yourspacemaine.org

www.yourspacemaine.org

Check schedules for league start dates. Team Coach or contact's affidavit: The information submitted here and on my roster form and insurance waiver form is correct to the best of my knowledge. I will notify SMCRC d/b/a YourSpace if I discover at any time that any of the information provided by me is incorrect or inaccurate.

Signature _____ Date _____