



DULLES SportsPlex



www.dullessportsplex.com ♦ 21610 Atlantic Blvd ♦ Sterling, VA 20166 ♦ 703.430.9966

Youth Soccer League Application

Winter Session 1: November 14, 2009 - January 10, 2010

Winter Session 2: January 16 - March 14, 2010

Please read the following information carefully. This is an application. You will be notified if your team is accepted into our league. All teams are responsible for knowing all policies of the Dulles Sportsplex—there are no exceptions. Teams will play 7 games. If make-up games are necessary, games may be scheduled during the week or after regular season play is over.

Payment Information

Please return this form along with a \$250 non-refundable deposit to apply for a league spot. Full payment, and complete team packet are due on or before the mandatory registration day above. Teams that miss the registration deadline are subject to a \$50 late fee, coach's suspension and/or forfeiture of the first game. Leagues are filled on a first come first serve basis. Acceptable forms of payment are check, cash, Visa or Mastercard.

Costs

Winter 1: \$825 (prices include tax and referee fees)

Winter 2: \$850 (prices include tax and referee fees)

Team Information

In order to ensure parity in the leagues, please fill out ALL the information below. Teams will be placed into divisions by the Dulles SportsPlex based upon the information given. **Any false information can lead to your team forfeiting the season and/or removal from the league.** Dulles SportsPlex reserves the right to place teams in any division they choose. Teams will not be allowed to move out of the division in which they are placed. There are no refunds and no games will be rescheduled in season. **Please read our rules carefully about rescheduling.** Use one form per team. The SportsPlex is not responsible for forfeits. All teams are responsible for knowing the house rules. Please check out the website for our rules.

Incomplete applications will not be accepted into the league.

Please check one or both (see website for dates): • Winter Session 1 _____ • Winter Session 2 _____

Club/Team Name _____

League Type (circle one): Female Male

Skill Level (circle one): Premier Classic Recreation

Actual Age Group (circle one): U-8, U-9, U-10, U-11, U-12, U-13, U-14, U-15, U-16, U-17, U-18, U-19

Outdoor league last completed _____ Age group _____ Division _____ Placed _____ Record _____

Outdoor league currently playing _____ Age group _____ Division _____ Placed _____ Record _____

Desired Age Group (circle one): U-8, U-9, U-10, U-11, U-12, U-13, U-14, U-15, U-16, U-17, U-18, U-19

All bye requests must be submitted via email to info@dullessportsplex.com. Please check our website to ensure receipt.

Manager & Coach Information

Manager's Name _____ Manager's Home Phone _____

Manager's Address _____ Manager's Work Phone _____

Manager's Cell Phone _____

Manager's Email _____

Coach's Name _____ Coach's Email _____

Coach's Home Number _____ Coach's Cell Number _____

Refund Policy: If the league your request is filled, we will return your payment. If games are cancelled due to inclement weather or any other unforeseeable circumstance, we will attempt to reschedule play at a later date. However we cannot guarantee that cancelled games will be rescheduled. There are no refunds.

For Office Use Only Received By _____ Date _____ Roster Waiver Proof of Age Full Payment

Cash Check(# _____) Charge (circle) MC Visa

Credit Card # _____ Exp. _____ Code _____ Amount _____