



# DULLES SportsPlex



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

## Youth Futsal League Application

Winter Session 1: November 20, 2010 - January 15, 2011 (Saturday games)  
Winter Session 2: January 22 - March 12, 2011 (Saturday and Sunday games)

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 makeup 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 \$150 non-refundable deposit to apply for a league spot. Full payment, and complete team packets 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.

### Cost

Winter 1: \$550 (includes tax and referee fee)  
Winter 2: \$650 (includes tax and referee fee)

Full payment is due by your first scheduled game. If full payment is not received by the first game, a \$50 late fee will be added to your invoice. If payment is not received by the second week, that game will be forfeited. If payment is not received by the third game, teams will not be allowed to play the remainder of the season. **Before your team's first game, we must receive a complete roster and waiver form for each team member.**

### 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.** The Dulles SportsPlex reserves the right to place teams in any division they choose. Teams will not be allowed to move out of the divisions 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 \_\_\_\_\_

Gender: Male Female Skill Level (circle one): Premier Classic Recreation

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

All bye requests MUST be submitted via email to [info@dullessportsplex.com](mailto:info@dullessportsplex.com). Please check our website to insure receipt.

### Coach/Team Manager Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cellular Phone \_\_\_\_\_

Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your team need extra players? \_\_\_\_\_ If yes, how many extras do you need? \_\_\_\_\_

<b>For Office Use Only</b>	Received By _____	Date _____	<input type="checkbox"/> Roster	<input type="checkbox"/> Waiver	<input type="checkbox"/> Proof of Age	<input type="checkbox"/> Full Payment
<input type="checkbox"/> Cash	<input type="checkbox"/> Check(# _____)	<input type="checkbox"/> Charge (circle) MC Visa				
Credit Card # _____	Exp. _____	Code _____	Amount _____			



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Refund Policy: If the league you 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.

<b>For Office Use Only</b>	Received By _____	Date _____	<input type="checkbox"/> Roster	<input type="checkbox"/> Waiver	<input type="checkbox"/> Proof of Age	<input type="checkbox"/> Full Payment
<input type="checkbox"/> Cash	<input type="checkbox"/> Check(# _____ )	<input type="checkbox"/> Charge (circle) MC	Visa			
Credit Card # _____	Exp. _____	Code _____	Amount _____			