SPRING INDOOR SOCCER



Division	Days/Times	Start Date	Min. Number Of Games	League Fee	Ref Fees/ Game
U19 Co-ed Rec. 2000, 1999 & 1998 birth years	Saturdays 4:00-10:00 PM	April 8 th	7	\$500	\$21
Open Co-ed 2001 or before birth years	Fridays and Saturdays 7:00-11:30 PM	April 14 th	7	\$600	\$24
Over 40 Co-ed Men-1977 or before Ladies 2001 or before	Thursdays 7:30-10:30 PM	April 6 th	7	\$600	\$13
Over 35 Men 1982 or before birth years	Mondays 7:30-10:30 PM	April 10 th	7	\$600	\$22

Registration: Team registrations are accepted on a first come first serve basis until leagues are filled. By turning in this form you realize that you are initiating into a contract with CISC.

Games - Games will consist of two 24 minute halves.

Cost /Referee Fees—League registration fees per session are as listed on registration form. Each team in all divisions will also pay a referee fee prior to the start of each game. Referee tickets may be purchased in advance at the office.

Rules - Complete rules are available on our web site at www.carroll-indoor.com or stop by our office if you would like a copy.

Schedules: Schedules will be posted online 5 days prior to the scheduled start date.

Ages - Age divisions are determined by a player's birth year.

Player cards are needed by all players U10 and above. More information can be found on our website. (\$5 for a returning player, \$10 for a new player)

Standings – Standings will be posted at CISC with each division schedule. Standings, schedules, rules & other information will be posted on our web page at www.carroll-indoor.com.

Registration – To register the session, just fill our the registration form & mail it to: CISC, 515 Old Westminster Pike, Westminster, MD 21157 or you can register online at www.carroll-indoor.com. A \$200 non-refundable administration fee deposit is due with the form. The balance of the league fee must be paid prior to the first game. Deposits will be returned to any team not accepted, but not to any team that withdraws.

Questions - Call 410-857-5098 for any additional questions.

2017 Spring Soccer Team Registration Form

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Check those that apply: U19 Co-ed \$200 deposit required	Ope	en Co-ed	Over 35 Men	Over 40 Co-ed				
Team Name			Coach or Contact Person					
Address								
City	State	r	Zip					
Phone (H)		Phone (W)	e-mail (required for mailing schedules & other info)					
Schedule Request (such as coaching two teams, need a bye a particular week, etc.):								
Form of Payment:	Check	MC/Visa	Discover Amer.Exp					
Credit Card Number		Exp.	Billing Zip Code	Amount to put on card				
For office use only:	Date:	_ Payment Amount:	Type of Paymen	nt: Initial:				