

# REGISTRATION

16240 Old Denver Highway Monument CO 80132 ■[Ph]719-487-8572 ■[fax]719-488-9501 ■www.cosportscenter.com

Team Name: \_\_\_\_\_ SPORT:  Soccer  Hockey  Football  Other \_\_\_\_\_

LEAGUE (age): \_\_\_\_\_ DIVISION (A or B): \_\_\_\_\_

Team Captain/Coach \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**ROSTER: (Please Print Clearly)**

First Name	Last Name	DOB	PHONE # (Required)
1.			( )
2.			( )
3.			( )
4.			( )
5.			( )
6.			( )
7.			( )
8.			( )
9.			( )
10.			( )
11.			( )
12.			( )
13.			( )
14.			( )
15.			( )
16.			( )

**Captain/Coach is responsible for collecting all forms and monies from the individuals on their team.** Colorado Sports Center will only accept forms and monies from the coach/captain. **Payment Policy:** Teams not paid in full by the first game will be assessed a \$20 per game late fee. Teams not paid in full by the second game (including any late fees) will be dropped from the league. **Rescheduling Games** – All requests to reschedule a game must be made in writing and be accompanied by a non refundable \$20 deposit. **Refunds** are subject to a \$100 processing fee. No full or partial refunds after the start of the first game.

Cash	Amount \$ _____	Special Requests:
Check	Amount \$ _____ Check # _____	
Credit Card	Amount \$ _____ # _____ - _____ - _____ - _____ Exp ____/____	