



# Brewster Sports Center Womens Indoor Soccer Fall League 2011

**10 Games -Full Field**  
**8 vs 8 (7 and a keeper)**  
**Price: \$1,300.00 per team**  
**Friday Nights 8pm – 11pm**

**Dates:** September 16, 23, 30  
October 7, 14, 21, 28  
November 4, 11, 18

**For More Information Contact Al Morales at 845-406-0130**  
**[almorales@brewstersportscenter.com](mailto:almorales@brewstersportscenter.com)**

**All games played at the:** Brewster Sports Center  
19 Sutton Place  
Brewster, NY 10509  
Phone (845)278-2040  
Fax (845)278-2447

**[www.brewstersportscenter.com](http://www.brewstersportscenter.com)**



# Brewster Sports Center Women's Indoor Soccer League Fall 2011

## REGISTRATION FORM

Name of Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Roster:

1) _____	7) _____
2) _____	8) _____
3) _____	9) _____
4) _____	10) _____
5) _____	11) _____
6) _____	12) _____

- **Fee: \$1,300.00**
- Please make check payable to: ***Brewster Sports Management***
- Please send your completed form with cash or check to:  
Brewster Sports Center  
19 Sutton Place  
Brewster, NY 10509
- \$25 bounced check fee.
- All players are responsible for their own insurance.

**ALL CHECKS ARE NONREFUNDABLE.** Disclaimer: I hereby authorize the staff of Brewster Sports Center to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release Brewster Sports Center from any and all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the players' participation, named to the above, in the league as outlined in the information. I also understand that Brewster Sports Center has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the league fees and refund policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_