



# Brewster Sports Center Hispanic Soccer 2011 Indoor Winter League II



**9-11 Games (juegos) Plus Playoffs  
Mondays through Sunday  
(Lunes al Domingo)**



**Date: January 24th**

**Playoffs: TBD**

**Fee: \$1,200**

**Full Roster 12 Players (Jugadores)**

**Champions receive trophies and National Jerseys.**

**“Se Necesita un deposito de \$100.00 para entrar”**

**Para mas informacion, llama al senior  
Alberto Morales al (845) 406-0130**

**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 Hispanic Soccer 2011 Indoor Winter II League

## 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) \_\_\_\_\_

- 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: \_\_\_\_\_