



Brewster Sports Center Adult Co-Ed Soccer Winter 2012

- **10 Games Plus PLAYOFFS**
- **Tuesday – Thursdays**
- **Game Times: 8:00, 9:00 & 10:00 pm**
- **Dates: January 3rd to March 8th**
- **Playoffs: March 13th, 14th, 15th**
- **Final March 20th**
- **Fee: \$1,500.00 per team**

Roster = 12 Players

All Games Played at:

**Brewster Sports Center
19 Sutton Place
Brewster, NY 10509
845-278-2040**



**For more information, please contact Al Morales @
almorales@brewstersportscenter.com**

**Or
845 406-0130**



Brewster Sports Center Adult Co-Ed Soccer Winter 2012

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: _____

For Office Use: Date: _____ By Whom: _____ Payment Check: _____