

City of St. Johns Recreation Department 2008 Registration Form



SOCCER



KICKBALL



PLEASE PRINT ALL INFORMATION

Please register the _____ in the
(Name of Team)

(Please circle the desired league)

CO-ED KICKBALL

6 on 6 CO-ED SOCCER

Monday

Tuesday

| <u>League</u> | <u># Weeks</u> | <u>Res. Fee</u> | <u>Non-Res Fee</u> | <u>Team Fee</u> | <u>CIF Fee</u> |
|---------------|----------------|-----------------|--------------------|-----------------|----------------|
| Monday | 7 | \$ 6.00/ player | \$11.00/ player | \$125.00 | \$5.00/ player |
| Tuesday | 8 | \$ 7.00/ player | \$15.00/ player | \$175.00 | \$5.00/ player |

Register at the St. Johns City Offices 100 E State Street St. Johns, MI 48879

Registration Due May 7, 2008

PREFERED TIMES: You will have games at all times. Please rank by 1,2,3 etc. with one being the time you would like to play the most. We will try to schedule you that way but no promises will be made. Times may change depending on the number of teams that sign up.

Kickball 6:15 ___ 7:20 ___ 8:25 ___ 9:30 ___ Soccer 6:15 ___ 7:15 ___ 8:15 ___ 9:15 ___

Team Manager _____

Name _____

Address _____

City _____ Zip _____

Phone _____ (H) _____ (W)

Sponsor Address _____

Bring this form along with your team fee
when signing up your team by
May 7, 2008