THE FIELD HOUSE
Chelsea Piers - Pier 62 • New York, New York 10011
212.336.6500 • FAX 212.336.6515 • www.chelseapiers.com/fh

ADULT SOCCER LEAGUE REGISTRATION – TEAM CAPTAIN

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy)_____ ❑ Male ❑ Female

Session Registering for: ❑ Fall ❑ Winter ❑ Spring ❑ Summer Year_____

Home Address_____ City _____ State _____ Zip _____

Home Phone _____ Work/Daytime Phone _____ Mobile_____

Email address _____

Name of Employer _____ Employer Phone_____

Employer Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____

Contact Home Phone_____ Contact Work Phone _____

LEAGUE DESIRED (Check all that apply)

Sun:	❑ Div. 1	❑ Div. 2	❑ Div. 3
Mon:	❑ Over-30	❑ Div. 3	
Tue:	❑ Div. 1	❑ Div. 2	❑ Div. 3
Wed:	❑ Women's	❑ Div. 1	❑ Div. 2
Thur:	❑ Div. 1	❑ Div. 2	❑ Div. 3
Fri:	❑ Div. 2	❑ Div. 3	❑ Coed

PLAYER EXPERIENCE Please list the number of team members next to their highest level of experience.

❑ Played Professionally
❑ Played in College
❑ Played in High School
❑ No organized experience

TEAM APPLICATION

Please send this application with a $600 deposit. **Team deposit is non-refundable and non-transferable.** Deposits are due prior to the league start date. Deposits will not be charged should we not be able to place your team.

Team Name _____ How many years has your team played together? _____

Last league played in together_____ Year _____

ALL TEAM ROSTERS MUST BE FINALIZED BY WEEK 3 OF THE SEASON. ALL PLAYERS MUST SIGN THE ROSTER PRIOR TO PLAYING.

PAYMENT METHOD ❑ Amex ❑ Discover ❑ Mastercard ❑ Visa ❑ Cash ❑ Check (Payable to Chelsea Piers L.P.)

Credit Card Number

Expiration Date

		/		

Capital One OFFICIAL CARD

I authorize the Field House at Chelsea Piers to bill the card listed above for the amount due.

Name (as it appears on card): Print _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Fees Paid_____ Date _____ Receipt Number _____ Staff_____