



**THURSTON COUNTY RECREATION SERVICES
SOUTHWEST WASHINGTON SOCCER ASSOCIATION**

TEAM REGISTRATION FORM SUMMER 2010
(10-GAME SEASON)

TEAM NAME: _____ TEAM COLORS: _____

TEAM REPRESENTATIVE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

ALTERNATE REPRESENTATIVE: _____

PHONE: DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

LEAGUE FEE **\$800**: _____ Coed Open (18+) (Thursdays) * **Some Mondays if necessary**
_____ Coed Over 30 (Tuesdays)
_____ Coed Over 40 (Wednesdays)

LEVEL PREFERENCE: (circle one) Competitive Middle Recreational

*Refund Rule-Any team that drops from league play after season has been scheduled will be assessed 25% of the league fee. There are no refunds after the second game of the season.

REGISTRATION SPACE IS LIMITED
ATTENDANCE @ TEAM REP MEETING STRONGLY ENCOURAGED
"RAFFLE" For space of divisions that exceed capacity

MAKE ONE CHECK PER TEAM PAYABLE TO TCRS!!

PAYMENT METHOD: choose one
Amount Paid \$ _____ Cash Check # _____ Visa MasterCard
Card # _____ / _____ / _____ / _____ Expiration Date _____ / _____
Cardholder name & address (if different than above) _____

Thurston County Recreation Services
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Olympia, WA 98502
(360) 786-5595