



Receipt number: _____

City of Santa Clarita
Parks, Recreation, and Community Services Department
Adult Sports
WINTER 2010 ADULT SOCCER TOURNAMENT

Team Name: _____

Please circle the code below when registering for your division.

Manager: _____

Preferred Phone: _____ **Alternative Phone:** _____

Address: _____

City: _____ **Zip Code:** _____

Email: _____

Assistant Manager: _____ **Phone:** _____

Email: _____

CODE	LEAGUE	TIME	REGISTRATION TEAM FEE
1030.101	Men's Open 16+	TBD	\$150.00
1030.102	Men's 30+	TBD	\$150.00
1030.103	Men's 50+	TBD	\$150.00
1030.104	Coed Open 16+	TBD	\$150.00

To register in person, please visit us at:

Adult Sports Office
27150 Bouquet Canyon Rd.
Santa Clarita, CA 91350

To register by mail, please send to:

City of Santa Clarita
23920 Valencia Blvd. Suite 120
Santa Clarita, CA 91355
Attn: Adult Sports Office

To register by fax, please send to: (661) 799-1195

PLEASE CHECK PAYMENT METHOD: **NO CASH**

- Check/Money Order **Check #** _____ (make payable to the *City of Santa Clarita*)
- Credit Card Type: Visa _____ Mastercard _____ American Express _____ Discover _____

Card Number: _____ Exp.Date: _____

Cardholder's Signature: _____

In consideration of your accepting this registration, I hereby agree to release and hold harmless the City of Santa Clarita and any of its officers, agents or employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in the program. I hereby give permission to the City of Santa Clarita Parks, Recreation, and Community Services Department to use my photographs as they see fit in their seasonal recreational brochure or City web site. If you have any questions, please contact the Central Park Sports Office at (661) 290-2240.

Manager's Signature: _____ Date: _____