925 W. Grand River Ave.
Phone: (517) 546-0693 Fax: (517) 546-6018

Adult Soccer League Entry Form

Team Information: Please print or type all information

League: Please Circle	Men Open Division Sunday	Women's 30 & over Tuesday	Men's 30 & over Thursdays

Team Name:_____

Manager Name:_____

Mailing Address:_____
Number and street

City:_____ Zip:_____

E-Mail Address:_____
Mandatory to receive standings weekly

Phone: Home_____ Work_____ Ext____ Fax:_____

Assistant Manager:_____

Home Phone:_____ Work Phone:_____

E-Mail Address:_____

Scheduling Requests: include in this space any scheduling requests for the season. Keep in mind these are requests, not guarantees.

Request:_____

_____

_____

Reason for request:
_____
_____
_____

Charge Information: The Howell Recreation Department accepts VISA, MC & Discover. If faxing your team entry, please supply account holder's name, account number and expiration date on a separate sheet.

Office Use Only:

Amount Pd._____ Date Pd._____

Cash _____ Check #_____ Charge_____