

TEAM APPLICATION FORM

(Leagues formed on first come, first serve basis)



www.kcsoccerdome.com

Team Name _____

League Preference _____

Day _____

Manager's Name _____

Manager's Email _____

Phone Number _____

Address _____

City/Zip Code _____

Send or bring application with \$100.00 deposit to Soccer Dome of Kansas City, Inc., 5909 Equitable Road, Kansas City, MO 64120. Schedule will be announced approximately one week prior to session. **BALANCE DUE** by **FIRST GAME**. Forfeiture of deposit and league if balance is not paid.

Teams planning to return next session to play, the deposit is required by the 4th game of the current session.

- | | |
|----------------------------------|--|
| Monday Senior Men | Friday Over 30 Division/Open Co-Ed |
| Tuesday Senior Men | Saturday Co-Ed/Youth Divisions |
| Wednesday Senior Women | Sunday Youth Divisions/Mens Senior |
| Thursday Senior Men | |

Teams must be uniformly dressed in T-shirts or Jerseys.

In exchange for the payment of their membership dues for the soccer session beginning _____ and ending _____ each member will receive the following benefits:

1. The right to participate in League play at times scheduled by Soccer Dome of Kansas City, Inc.
2. The right to the use of club facilities including: locker, showers, bleachers for their guests, parking facilities, etc.

Signature Coach/Player

Date

— FOR OFFICE USE ONLY —

Amount Due _____

Deposit Paid _____

Balance Due _____ Balance Paid _____

This is a legal contract and teams are responsible for the total amount due stated above.