TEAM APPLICATION FORM

(Leagues formed on first come, first serve basis)

www.kcsoccerdome.com

Main: 816.231.4812
Fax: 816.231.4811

Team Name _____
(please print clearly)

League / Age Group _____
(Male or Female)

Adult Division / Youth Division _____
(upper/middle/lower) / (A or B)

Manager's Name _____

Manager's Email _____

Phone Number _____

Address _____

City/Zip Code _____

Coach Name _____

Email _____

Phone Number _____

Address _____

City/Zip Code _____

Mail, fax or bring this application along 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.

Youth League Options

Youth Winter I
Youth Winter II
Youth - Practice/Facility Rental

Adult League Options

Monday Night. . . . . .Men's
Wednesday Night . . . . . Women's
Thursday Night . . . . . .Men's
Friday Night. . . . . .Coed
Saturday Morning. . . . . Coed
Sunday Night. . . . . .Men's

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

In exchange for the payment of their membership dues for the soccer league 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: showers, bleachers for their guests, parking facilities, etc.
3. League session start date: _____

_____
Signature Coach/Player

_____
Date

— FOR OFFICE USE ONLY —

Schedule Requests:
(for consideration)

_____
_____
_____

League total amount due _____

Deposit Paid ☐ _____ Cash ☐ _____ Check ☐ _____ Credit Card

Remaining balance due _____

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