

2009-10 Mitchel Field Youth League Registration Form

Team Name _____ Male Female Age Group _____

Coaches Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Emergency Phone () _____

Email Address (required) _____

LEAGUES	# Weeks	Session 1 Dates	Session 2 Dates	Format	Field	Time	Fee	Early Bird
Youth	Per Session	Dec - Jan	Jan - Mar	Players / Game Time	Size	Day / Time	Per Team	10/21,12/15
U-7	7	12/5,12,19,1/2,9,16,23	1/30,2/6,27,3/6,13,20,27	6v6, 40 min. running	45x30 yd	Sat AM	\$965	\$865
U-8 Major/Minor	7	12/5,12,19,1/2,9,16,23	1/30,2/6,27,3/6,13,20,27	6v6, 40 min. running	45x30 yd	Sat AM/PM	\$965	\$865
U-9 Major/Minor	7	12/6,13,20,1/3,10,17,24	1/31,2/7,28,3/7,14,21,28	6v6, 40 min. running	45x30 yd	Sun AM	\$965	\$865
U-10	10	12/5,12,19,1/2,9,23,30,2/6,27,3/6		6v6, 2x25 minutes	45x30 yd	Sat PM	\$1,295	\$1,195
U-11	10	12/6,13,20,1/3,10,24,31,2/7,28,3/7		7v7, 2x25 minutes	65x45 yd	Sun PM	\$1,495	\$1,395
Boys HS	10	12/5,12,19,1/2,9,23,30,2/6,27,3/6		7v7, 2x25 minutes	65x45 yd	Sat PM	\$1,495	\$1,395

Amount Owed: \$ _____

Method of Payment: Check Credit Card (MasterCard Visa Discover AMEX) circle *one*

Credit Card Number/Check # _____ Expiration Date _____

Cardholder _____ 3 digit security code (on back of card) _____

Signature _____ Date _____

Credit Card billing address (if different from above) _____

Checks payable to: Global Soccer Concepts, 1425 Old Country Rd, Building A, Plainview NY 11803.

***Checks must be mailed with registration form. No spots will be held without payment!**

League balance due on November 1st.

Visit www.globalballsportscenters.com to register online!!