

# **Total Sports Pavilion**

2380 Research Court Suite 110 Woodbridge, VA 22192

703 490-4988 (www.tspports.com – shows seasonal hours) – Fax 703 590-6202/ 703-492-9944

## **Individual Indoor League Application**

**Cost: \$80 per player**

Seven sessions

Winter 1 – Dec./Jan.

Winter 2 – Jan./Feb./Mar.

**Winter 2 - U4 – U8 Coed Recreational – 4 vs. 4 (half field) – Saturday/Sunday**

**Winter 1 & 2 - U10 Coed Recreational – 4 vs. 4 (half field) – Saturday/Sunday**

**Winter 1 & 2 - U12 Coed Recreational – 6 vs. 6 (full field) – Saturday/Sunday**

**Teen Coed Competitive Indoor (ages 13/14/15 or 16/17) – Saturday/Sunday**

**Men's League – Monday – Thursday & Sunday Nights**

**Women's Over 30 League – Sunday Evenings**

**Coed League – Saturday Nights**

**Player's Name** \_\_\_\_\_

**T-shirt Size – YM, YL, AS, AM, AL**

**Age** - \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Circle one: (current age) 4, 5, 6, 7, 8, 9, 10, 11, 12 Teen Coed (13, 14, 15, 16, 17)  
Men, Women's Over 30, Coed (18 and older)

**Gender** - Circle One -----male or female

**Outdoor Club and Team Name (if applicable)** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Address** \_\_\_\_\_

To register mail with check payable to Total Sports Pavilion. 2380 Research Court Suite 110 Woodbridge, VA 22192 Or Fax with credit card to 703 590-6202 / 703-492-9944

**CC #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

I authorized Total Sports Pavilion to run my credit card for \$80.00 to cover my individual payment for indoor soccer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_