



# Golden Goal SC Adult Indoor Soccer Leagues Application



Team Name: \_\_\_\_\_

Division	X	Division	X
Co-Ed Open (Tuesday)		Men's Open B (Friday)	
Co-Ed Open A (Wednesday)		Co-Ed Open B (Sunday)	
Men's Open A (Thursday)		Men's 30+ 4 v 4 A/B (Sunday)	

**Team Manager Contact Information:**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cost:**

Adult Leagues - \$525 per team **Due by first game**  
 Over 30 4v4 League - \$300 per team **Due by first game**  
*\$50 Non-refundable deposit due with application*

**Format:** 6v6 or 4v4; includes goal keeper

**Max Roster Size:** 12

**Must submit signed roster before first game**

**Make Checks Payable to:**

Golden Goal SC  
 2650 Alkire Street  
 Golden, CO 80401

**There will be a \$35 charge for all returned checks.**

**Secondary Contact Information:**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Credit Card Information (We do not take Discover)**

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

**Credit Card Type:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Amount to Charge:** \$ \_\_\_\_ . \_\_\_\_ + \$4% Service Charge

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_