



Golden Goal SC Adult Indoor Soccer Leagues Application



Team Information:

Team Name: _____
 Team Contact Name: _____
 Address: _____
 City/Zip: _____
 Cell Phone #: _____
 Email: _____

League	Day of the week	X
Women's	Saturday	
Co-Ed B/C	Tuesday	
Co-Ed Open	Wednesday	
Men's	Thursday	
Men's B/C	Friday	
Co-Ed A/B	Sunday	
Men's Over 30 4v4	Sunday	

League Information

Adult Leagues: \$650 per team **Due by first game**
Over 30 4v4 League: \$475 per team **Due by first game**

\$50 Non-refundable deposit due with application is subtracted from total team fees due.

Format: 6v6 or 4v4; includes goalkeeper

Max Roster Size: 6v6=12 & 4v4=8

Must submit signed roster before first game. Roster is set after the 3rd week of play.

Make Checks Payable to:

Golden Goal SC
 2650 Alkire St.
 Golden, CO 80401

Credit cards will ONLY be accepted for the deposit. Full league payment must be made with cash or one check.

NOTE: Credit card will be charged upon receipt.

Credit Card Type (We do not take Discover): _____

Card #: _____

Expiration Date: _____

Deposit amount is \$50.00 plus a \$3.00 service charge = **\$53.00 total.**

Name on Card: _____

Signature: _____

Date: _____