

FOOTHILLS PARK & RECREATION DISTRICT

ADULT SPORTS AT FOOTHILLS SPORTS ARENA

SPRING 2012 SOCCER • FLAG FOOTBALL

SOCCER



MEN'S & COED 11v11 COMP & REC:

8 Games (including play-offs) / Limit: 9 teams
COED REC: SUN (5 – 11 p.m.) • Start Date: APR 15
MEN'S COMP: MON (6:30 – 11 p.m.) • Start Date: APR 9
MEN'S REC: TUE (6:30 – 11 p.m.) • Start Date: APR 10
COED COMP: FRI (6:30 – 11 p.m.) • Start Date: APR 13
Registration Starts:

Returning Teams: FEB 24

New Teams: MAR 5

Deadline to Register: MAR 23 or when full
Schedules Available: week of APR 2, 2012

FEE: \$840 (\$25 OFF fee if paid by MAR 23, 2012)

Refund Policy: \$40 processing fee to withdraw
from league prior to NOON, MAR 23.
(No refund after NOON, MAR 23.)

FLAG FOOTBALL

MEN'S COMP & REC 8v8:



7 Games (including play-offs)
COMP: WED (6:30 – 11 p.m.) • Start Date: APR 4
REC: THU (6:30 – 11 p.m.) • Start Date: APR 5
Registration Starts:

Returning Teams: FEB 27

New Teams: MAR 5

Deadline to Register: MAR 23 or when full
Schedules Available: week of MAR 26, 2012

FEE: \$645 (\$25 OFF fee if paid by MAR 23, 2012)

Refund Policy: \$40 processing fee to withdraw
from league prior to NOON, MAR 23.
(No refund after NOON, MAR 23.)

REGISTRATION FORM ON REVERSE SIDE OF THIS FLYER.

PLEASE NOTE:

Minimum Deposit: \$200 minimum deposit is required with registration. Balance due by 2nd game or team may be dropped from league.

Refund Policy: \$40 processing fee to withdraw from league prior to deadline date – no refund after deadline date.

BRING OR MAIL REGISTRATION FORM AND FEES TO:

Foothills Sports Arena
3608 S. Kipling Parkway
Denver, CO 80235

OR Email Registration Form to brandonb@fhprd.org
OR Fax Registration Form to 303-409-2440



Foothills

Park & Recreation District

303-409-2444 • www.foothills.org



Foothills
Park & Recreation District

Clement Park Athletics Office
7306 W Bowles Ave
Littleton, CO 80123
Phone: 303-409-2615
Fax: 303-409-2630

Foothills Sports Arena
3608 S Kipling Pkwy
Denver, CO 80235
Phone: 303-409-2444
Fax: 303-409-2440

TEAM REGISTRATION FORM

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

DESIRED LEAGUE (Please circle all classifications):

Empty rectangular box for registration details.

Season: Winter Spring Summer Fall Foothills ID number
Sport: Softball Basketball Volleyball Soccer Flag Football
Location: Easton Regional Park Lilley Gulch Recreation Center Ridge Recreation Center
Foothills Sports Arena Schaefer Athletic Complex Clement Park
Night: Sun Mon Tue Wed Thu Fri

LEAGUE AND DIVISION:
(ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Second choice if desired league is full: _____

TEAM NAME _____

MANAGER'S NAME _____ MAIN PHONE # _____

ADDRESS _____ 2ND DAY # _____

CITY _____ ZIP _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ MAIN PHONE # _____

EMAIL _____ 2ND DAY # _____

Did your team play in the Foothills league last year or last season? YES NO Which?
If yes, what was the name of your team, if different than above? _____

Cash, Check with ID, Credit Card (VS, MC, DISC, AMEX) Please call the Athletic Office or Foothills Sports Arena to give credit card number. Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

Table with 4 columns: AMOUNT, DATE, PAYMENT, INITIALS. Each column has 6 rows of input lines.