

Men's & Coed Soccer Leagues at Foothills Sports Arena

Winter 2019

**NEW
TURF!**



8 GAMES (including play-offs)

MEN'S & COED 11v11 COMP & REC:

MEN'S COMP: MON (6:30 – 11 p.m.) • **Start Date:** JAN 7

MEN'S REC: TUE (6:30 – 11 p.m.) • **Start Date:** JAN 8

COED REC: FRI (6:30 – 11 p.m.) • **Start Date:** JAN 11

COED OPEN: SUN (5 – 11 p.m.) • **Start Date:** JAN 13

REGISTRATION STARTS:

Returning Teams: NOV 12

New Teams: NOV 26

Deadline to Register: DEC 14 or when full

Schedules Available: week of JAN 2, 2019

PRICE: **\$920** (\$25 OFF if paid by DEC 14)

Registration form on reverse side of this flyer.

PLEASE NOTE:

Minimum Deposit: \$200 minimum deposit is required with registration.

Balance due **BEFORE 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 to safmt1@fhprd.org

OR Fax Registration Form to 303-409-2440

303-409-2444 • www.ifoohills.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

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

ADULT 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 select all classifications):

Season: Winter ___ Spring ___ Summer ___ Fall ___
Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___
Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___
 Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___
Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___

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

Second choice if desired league is full: _____

 Foothills ID number

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 season? _____
 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 appropriate office listed above to give credit card number. Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	BALANCE	INITIALS
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____