

Women's 30 & Over 6v6 Soccer League

Winter 2020

at Foothills Sports Arena

8 GAMES plus play-offs

WOMEN'S 6v6 30 & OVER:

WED (6:30 – 11 p.m.) • **Start Date:** JAN 8, 2020

REGISTRATION STARTS: NOV 18, 2019

Deadline to Register: DEC 13 or when full

Schedules Available: week of JAN 3, 2020

PRICE: \$600 / TEAM (\$25 OFF if paid in full by DEC 13)

Registration form on reverse side of this flyer.

PLEASE NOTE:

Minimum Deposit: \$100 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 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 ___

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

TEAM NAME _____

MANAGER'S NAME _____ **MAIN PHONE #** _____

ADDRESS _____ **2nd DAY #** _____

CITY _____ **ZIP** _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ **MAIN PHONE #** _____

EMAIL _____ **2nd DAY #** _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	BALANCE	INITIALS
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