

# Men's & Co-Rec Soccer Leagues Spring 2020



## at Foothills Sports Arena

### 9 GAMES (including play-offs)

#### **MEN'S & COED 11v11 COMP & REC:**

**MEN'S COMP:** MON (6:30 – 11 p.m.) • **Start Date:** APR 27

**MEN'S REC:** TUE (6:30 – 11 p.m.) • **Start Date:** APR 28

**CO-REC:** FRI (6:30 – 11 p.m.) • **Start Date:** APR 24

**CO-REC OPEN:** SUN (5 – 11 p.m.) • **Start Date:** APR 26

#### **REGISTRATION STARTS:**

**Returning Teams:** MAR 9

**New Teams:** MAR 23

**Deadline to Register:** APR 3 or when full

**Schedules Available:** week of APR 13

**PRICE: \$950** (\$25 OFF if paid by APR 3)

*Registration form on reverse side of this flyer.*

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#### **PLEASE NOTE:**

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

Balance due **BEFORE 2<sup>nd</sup> 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.

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#### **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](mailto:brandonb@fhprd.org)  
or to [safmt1@fhprd.org](mailto:safmt1@fhprd.org)

OR Fax Registration Form to 303-409-2440

**303-409-2444 • [www.ifoohills.org](http://www.ifoohills.org)**



**Foothills**  
Park & Recreation District

The logo for Foothills Park & Recreation District features a stylized black silhouette of a mountain range above the text "Foothills" in a large, bold, serif font, with "Park & Recreation District" in a smaller, sans-serif font below it.



**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** \_\_\_\_\_ **2<sup>nd</sup> DAY #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ASSISTANT MANAGER'S NAME** \_\_\_\_\_ **MAIN PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **2<sup>nd</sup> DAY #** \_\_\_\_\_

**STAFF USE BELOW THIS LINE**

AMOUNT	DATE	PAYMENT	BALANCE	INITIALS
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