

Men's & Co-Rec Soccer Leagues Fall 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:** OCT 5

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

CO-REC: FRI (6:30 – 11 p.m.) • **Start Date:** OCT 2

CO-REC OPEN: SUN (5 – 11 p.m.) • **Start Date:** OCT 4

REGISTRATION STARTS:

Returning Teams: SEP 1

New Teams: SEP 14

Deadline to Register: SEP 25 or when full

Schedules Available: week of SEP 28

PRICE: **\$950** (\$25 OFF if paid by Registration Deadline)

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

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



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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