



Team Registration Form

Complete all information / Please Print Clearly
www.zonesportsplex.com / 360-697-9663

Team Registration Deposit - \$ _____

Team Name: _____ Team League Fee (for Zone use): _____

Coach/Captain: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Asst.Coach/Co-Capt.: _____ Email: _____

Home Phone: _____ Cell Phone: _____

ADULT LEAGUES

SOCCER LEAGUES	OTHER LEAGUES
<input type="checkbox"/> Women's C	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Women's B2	<input type="checkbox"/> Wiffleball
<input type="checkbox"/> Men's 30+	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Men's B	<input type="checkbox"/> Ultimate Frisbee
<input type="checkbox"/> Men's C	<input type="checkbox"/> Softball
<input type="checkbox"/> Women's 30+	<input type="checkbox"/> Dodgeball
<input type="checkbox"/> Women's B	<input type="checkbox"/> Kickball
<input type="checkbox"/> Family Co-ed 14+	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adult Co-ed 21+	
<input type="checkbox"/> Co-ed 40+	

YOUTH LEAGUES

SOCCER LEAGUES	OTHER LEAGUES
<input type="checkbox"/> High School Co-ed	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Middle School Co-ed	<input type="checkbox"/> Baseball
<input type="checkbox"/> Youth Co-ed 7-10 y/o	<input type="checkbox"/> Wiffleball
<input type="checkbox"/> Youth Rec. League	<input type="checkbox"/> Lacrosse
Specify: _____	<input type="checkbox"/> Dodgeball
<input type="checkbox"/> Youth Select League	<input type="checkbox"/> Kickball
Specify: _____	<input type="checkbox"/> Other: _____

TEAM ROSTER (18 maximum) – please print clearly (list additional players on separate sheet)

NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____

All League Players are required to purchase a Zone Membership prior to league play, \$29.00 annually.

League Policies – See Manager's Handbook for full policies

Coach / Team Captain Signature – I have read and understand the league policies & managers handbook