

ICE SOCCER

Interest Sign-up Sheet

Name: _____
E-mail: _____
Phone: _____
Address: _____

Notes:

Required protective equipment:

- Helmet
- Elbow & knee pads
- Hip girdle with “tail bone” protector

About yourself – so proper team grouping/scheduling be evaluated/planned

Gender (check the appropriate one):

Male Female

Age group (check the appropriate one):

Male 10-12 Male 13-14 Male 15 and above
 Female 10-14 Female 15-18 Female 19 and above

Competition preferred (check box or boxes that apply)

Same gender Co-ed Either

Times you think you will be available to play ICE SOCCER

Seasons (check all that apply)

Winter Spring Summer Fall

Days of the week (check all that apply)

Mon Tue Wed Thu Fri Sat Sun

Hours of the day (check all that apply)

Weekdays:

- Morning, 8-11 A.M.
- Mid-day, 11-1 P.M.
- Afternoon, 1-5 P.M.
- Prime-time, 5-10 P.M.
- Late, 10 P.M. – closing

Weekends:

- Morning, 8-11 A.M.
- Mid-day, 11-1 P.M.
- Afternoon, 1-5 P.M.
- Evening, 5-10 P.M.
- Late, 10 P.M. – closing

Return this form to:

By:

Insert local name/address

Deadline date