

Interest Sign-up Sheet*
For the New Team-Sport of
ICE SOCCER™

Name: _____

Note:

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

Required protective equipment:

- **Helmet**
- **Hard-cased elbow pads**
- **Face mask for goalie**

Optional protective gear

- **Knee pads**
- **Hip pads w/ "tail bone" protection**

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 _____
- Very competitive _____
- Light competition _____
- Casual play _____

- **Times you think you will be available to play ICE SOCCER**

- Seasons (check all that apply)

- Winter _____
- Spring _____
- Summer _____
- Fall _____

- Day(s) of the week (check all that apply)

- Mon _____
- Tues _____
- Wed _____
- Thurs _____
- 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: _____ (local arena/contact person) _____

*This is an interest sign-up form only for the sport of **ICE SOCCER** – not for any other activity.