



**Team Application
2009-2010**

Team: _____

Manager: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Home Phone: _____ **Work/Cell Phone:** _____

Email Address: _____

(Please include email address to ensure notification of group/team updates as they occur).

****Team Application and a \$250.00 deposit (Full payment can also be made) are due by Sunday October 5, 2009 at 7pm. Please submit ONE CHECK per team. The balance of the fee, paperwork and a team roster are due at the START of the first game.**

****ALL fees and paperwork must be turned in before the start of the first game. Teams not having paid in full or completed paperwork will not be allowed to take the field.**

Make checks payable to: Rising Stars Soccer Club

****All age groups – Maximum roster is 18 players, U12 and Up are 7 v 7**

****U8 - 9 v 9 co-ed, U10 – 8 v 8 co-ed, U12 and Up 7 v 7**

Signature of Coach/Manager: _____ **Date:** _____

RSSC Use Only

Amt. Paid \$ _____ Deposit _____ Payment In Full _____

Cash _____ Check # _____ Date of Payment _____

Amt. Due \$ _____