



ALL PRO

All Pro Sports Center,
161 West River Road, Waterville, Maine 04901



SOCCER REGISTRATION WINTER FEST! TOURNAMENT 2007

DATE	TEAM COACH	TEAM NAME
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**DEC. 26TH 27TH &
28TH
2007**

COME PLAY IN ALL PRO SPORTS WINTER FEST TOURNAMENT. THIS FAST PACED GAME IS GREAT FUN ON OUR INDOOR TURF. EVEN IF THE WEATHER OUTSIDE IS FRIGHTFUL, THE FUN INSIDE IS STILL EXCITING!

REGISTER EARLY AS SPACES ARE LIMITED!

U12 Boys and Girls Wednesday Dec 26th
U14 Boys and Girls Thursday, Dec. 27th
HS Boys and Girls Friday, Dec. 28th

Coach's address

Street/Road

City/Town

State/Zip

Coach's home phone

Coach's work phone

Coach's email address

Coach's cell phone
Emergency use only

METHOD OF PAYMENT

LEAGUE FEE:

\$250

Minimum of three 30
Minute games
7 v7 format

CASH

CHECK check number: _____ (checks payable to "All Pro Sports Center")

CREDIT CARD

PLEASE FORWARD PAYMENT TO:

ALL PRO SPORTS CENTER
161 WEST RIVER ROAD, WATERVILLE, ME 04901
Tel: 207-877 6666, E-mail: INFO@ALLPROSPORTSCENTER.COM

Team coach or representative's affidavit: The information submitted here and on my roster form and insurance waiver form is correct to the best of my knowledge. I will notify All Pro Sports Center if I discover at any time that any of the information provided by me is incorrect or inaccurate.

Signature _____ Date _____

This is form #1 of two that must be submitted for your team to be registered for any session at All Pro Sports Center. Please ensure that you submit forms #1 and #2 and your \$250 non-refundable fee when you register your team. Only teams who have completed both forms and paid in full by specified date, will be admitted.

161 west river road, Waterville, me 04901
Tel: (207) 877 6666 Email: info@allprosportscenter.com



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2006 TEAM ROSTER FORM

PLEASE FILL THIS FORM IN COMPLETELY

We know that this is not always easy, but your help in completing this form is essential to the professional operation of All Pro Sports Center. **(To help the Coach, we ask that the roster be completed and forwarded to us prior to your first game being played. We hope this helps!!)**

PLEASE PRINT CLEARLY

TEAM COACH: _____

TEAM NAME: _____

PHONE: _____

EMAIL: _____

PLAYER'S FIRST AND LAST NAME	DATE OF BIRTH	HOME PHONE	E-MAIL ADDRESS <i>PLEASE PRINT CLEARLY</i>	WAIVER SIGNATURE <i>PARENT/GUARDIAN TO SIGN BELOW IF CHILD IS UNDER 18 YEARS</i>
1				
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WAIVER: By my signature above I agree to hold harmless in the event of an injury or accident All Pro Sports Center, their heirs and assigns, the organizer of this league, the manufacturer of any and all equipment used in conjunction with this or any other sport in which I am a participant at All Pro Sports Center, Maine. I further acknowledge that I am aware that this sport is a contact sport and that there is a real chance for injury stemming from play or any event associated with this league and its participants.