



1231 Bonansinga Dr. - Quincy, Illinois 62301-5213
Telephone 217-223-7703 – Fax 217-228-9209
Email info@quincyparkdistrict.com
www.quincyparkdistrict.com

ADULT SOCCER LEAGUE – FALL 2017 REGISTRATION

Quincy Park District Adult Soccer teams will play a total of 6 games at the Boots Bush Soccer Complex, 42nd and Maine. The game format will be 11 on 11, consisting of two, twenty-five minute halves. Games will be played on Sundays afternoons. A team registration fee of \$250 is due on August 25, and team rosters need to be completed and returned to 1231 Bonansinga Dr. by September 1. *Game schedules and rule packets will be ready for teams to pick up on September 1. Games begin on Sunday, September 10.*

- Team registration fee (\$250) and form due by **August, 25th at 5p.m.**
- Registration and team roster forms may be picked up at 1231 Bonansinga Dr., or call 217-223-7703 to request
- 20 player max. per team
- Teams may consist of men or women in any gender ratio
- Game times to be determined (Sunday afternoons beginning at 1 p.m.)

We are looking forward to a fun, competitive season. If you have further questions, please contact me.

Marcelo Beroiza, Recreation & Marketing Supervisor – 217-919-0319 –
mberoiza@quincyparkdistrict.com

ADULT SOCCER LEAGUE REGISTRATION FORM

TEAM CAPTAIN(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ @ _____

CELL PHONE 1 () _____ - _____ CELL PHONE 2 () _____ - _____

2017 ADULT SOCCER LEAGUE TEAM ROSTER

NOTICE: 1. Each player must personally print and sign his/her name. 2. Incomplete rosters will not be accepted. In signing this roster, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program and do fully agree to absolve the Quincy Park District, elected or appointed officials, from all personal liability as a result of my participation in said program.

INCOMPLETE ROSTERS WILL NOT BE ACCEPTED - ROSTERS ARE DUE September 1, 2017

TEAM NAME: _____ SPONSOR (IF APPLICABLE): _____

Please Provide the following information: NAME, ADDRESS, CITY/STATE/ZIP, PHONE & SIGNATURE

- 1.(CAPTAIN) _____
2. _____
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