

2009-2010 Team Registration Form

2009-2010 Youth & Scholastic

Team Name: _____

Age Group: _____ Division: (Circle) 1st Developmental

Contact Name: _____

Contact E-Mail: _____

Address: _____

City: State: Zip: _____

Home Phone: _____

Day Phone: _____

Cell Phone: _____

Alternate Contact: _____

Alternate Contact Home Phone: _____

Alternate Contact Cell Phone: _____

Credit Card Information:

Visa _____ MasterCard _____ Discover _____ Amer. Ex. _____

Exp: _____ CVC2 Code: _____

I as the team manager / coach agree to have my credit card used for the purpose of insuring payment of league fees. I understand that if my team has not paid the full amount of league fees by our third game, my card will be billed for the balance of the fees.

Card Holder Name: _____

Card Holder Signature: _____

Please make checks payable to CNYFSC
All league fees must be paid by the third game

Schedule Requests:

1) _____

2) _____

3) _____

CNY Family Sports Centre
7201 Jones Road
Syracuse, NY 13209
Phone: (315) 638-8866
Fax: (315) 638-2882
www.cnyfsc.com



Schedule Requests

We strive to provide the best possible service by honoring all reasonable schedule requests. However all schedule requests must be submitted in writing no later than one week prior to the start of the season.

- If you have a time request and it is not honored 8 of the 10 games we will make the game up
- If you have not submitted a schedule request and you cancel your game, we will not make up the game.
- If you have a game scheduled and the other team cancels, we will do our best to get a team to play against you or you can use the field for a free training session
- The only way games will be cancelled by the Sports Centre is if the NYS Thruway is closed due to inclement weather.

Important Information

- Look over game dates and game times on the brochure
- If you can't play on a certain date or at a particular time please fill out the schedule request below

Please attach another sheet if necessary