



Youth Soccer League Team Signup



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www.GoToPlex.com

OFFICE USE ONLY

Member ID _____

Please print clearly. ALL fields are required.

Date: ____/____/____

MANAGER/COACH:

Name: _____ Date of Birth (MM/DD/YY): ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

Team Name: _____

Current League: _____

- Class I Class III Class IV
- Boys Girls
- U8 U9 U10 U11 U12
- U13 U14 U15 U16

SEASON: _____

PRICES:

U8/U9: \$750
U10 - U16: \$850

Note: All players must have current Silver Creek Sportsplex membership

OFFICE USE ONLY

Employee Full Name _____

Payment Date _____

Payment Cash Check Visa MC Amex Phone in? Yes No Online? Yes No