



# Adult Team Registration



Visit us on the web at [www.RISEindoor.com](http://www.RISEindoor.com) Phone: 804-744-4600 Fax: 804-744-0081

<b>Soccer Sessions:</b>	<b>Adult Teams</b>			Scheduling Requests:	
Winter, Spring, Summer, Fall, Holiday	Men's Open	<input type="checkbox"/>	A B		
		<input type="checkbox"/>	C		
All are 8 game sessions Plus playoffs	Women's Open	<input type="checkbox"/>	A B		
	Women's 30+	<input type="checkbox"/>	A B		
Make Checks Payable to: <b>RISE</b>	Men's 30+	<input type="checkbox"/>	A B		
	Mens 40+	<input type="checkbox"/>	A B		
Please mail Team Registration Form and checks to <b>RISE</b> 2300 Oak Lake Blvd Midlothian, VA 23112	Men's 50+	<input type="checkbox"/>	A B		
	Coed Open	<input type="checkbox"/>	A B		
	Weekend Coed	<input type="checkbox"/>	A	<b>A - Experienced Players</b> <b>B - Equivalent to Recreational</b>	
	Social Coed	<input type="checkbox"/>	B	<b>Experienced and Recreational Leagues</b> <b>will NOT be Combined!</b>	
	Social Coed	<input type="checkbox"/>	30+		

**Team Name:** \_\_\_\_\_

<b>Team Captain Information:</b>	Last Name	First	E-mail	Phone No.	Cell No.
	Address				

Team Members						Roster Check									
Name	Phone Number	Gender	Member	RISE Payment	RISE Mem. #	Week									
First and last		M/F	Age			1	2	3	4	5	6	7	8	9	10
1.)															
2.)															
3.)															
4.)															
5.)															
6.)															
7.)															
8.)															
9.)															
10.)															
11.)															
12.)															
13.)															
14.)															
15.)															
16.)															

Notes: 1. All team members must join and register with the Richmond Indoor Sports Experience.  
 2. All memberships must be accompanied by a copy of a valid photo ID with proof of age.

Revised September 2007

OFFICIAL USE ONLY						Date:
Amount Paid	Date	Form of Payment	Cash _____ Check _____ Credit _____ Other _____	Comments	Deposit Paid _____ Paid in Full _____	