



Adult Team Registration



Visit us on the web at www.RISEindoor.com Phone: 804-744-4600 Fax: 804-744-0081

Soccer Sessions:	Adult Teams		
Winter, Spring, Summer, Fall, Holiday <small>(all sessions are 8 weeks plus playoffs)</small>	Women's Open <input type="checkbox"/> A B Women's 23+ <input type="checkbox"/> A Women's 25+ <input type="checkbox"/> B	Scheduling Requests: A - Experienced Players B - Equivalent to Recreational C - Beginners to Recreational Experienced and Recreational Leagues will NOT be Combined!	
	Men's Open <input type="checkbox"/> A B Men's 30+ <input type="checkbox"/> A Men's 30+ <input type="checkbox"/> B Mens 40+ <input type="checkbox"/> A Men's 40+ <input type="checkbox"/> B		
Please make checks payable to: RISE and return along with membership forms to: 2300 Oaklake Boulevard Midlothian, VA 23112 804.744.4600	Open Coed <input type="checkbox"/> A Weekend Coed <input type="checkbox"/> A Social Coed <input type="checkbox"/> B C 30+ Social Coed <input type="checkbox"/> A B		



Team Name: _____

Team Captain Information:	Last Name	First	Home Phone No.	Cell No.
	Email Address:			

Team Members							Roster Check													
Player Name (first & last)	Phone Number	Jersey #	Member Age	RISE Payment Info	PPW Date	RISE Mem #	Week													
							1	2	3	4	5	6	7	8	9	10				
1.)																				
2.)																				
3.)																				
4.)																				
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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 Jan2010

PLEASE DO NOT WRITE IN AREA BELOW: OFFICAL USE ONLY

Deposit Amount: _____	Deposit Form of Payment (circle one): _____	Check # _____ Cash MC VISA	Deposit Date: _____	Paid In Full:	
				Date:	Amount:
Balance Due: _____	Balance Form of Payment (circle one): _____	Check # _____ Cash MC VISA	Balance Date: _____		