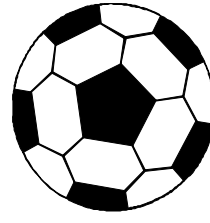




2018-2019



**FARMER JIM'S  
SPORTS  
Complex**  
Cortland, Ohio

**Indoor Soccer**

**REGISTRATION FORM**

	<input type="checkbox"/> SESSION 1	<input type="checkbox"/> SESSION 2	<input type="checkbox"/> SESSION 3
Field # 1	\$450 per team	\$450 per team	\$450 per team
Field #1 - ADULT Fast Feet 3 vs. 3	\$350 per team	\$350 per team	\$350 per team
Field # 2	\$475 per team	\$475 per team	\$475 per team
Field # 2 H.S.	\$400 per team	\$400 per team	\$400 per team

Mail To: FARMER JIM'S SPORTS COMPLEX, 2971 NILES CORTLAND RD., CORTLAND, OHIO 44410  
 WEB Site: [www.farmerjim.org](http://www.farmerjim.org) Email: farmerjimssoccer@gmail.com

**SOCCER CLUB:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_  
**LEVEL OF PLAY:** \_\_\_\_\_ **AGE/DIV:** \_\_\_\_\_  Male  Female  Co-Ed

Farmer Jim's Sports Complex reserves the right to move youth teams up and down in skill level and age divisions for competitive or scheduling reasons WITHOUT notification. We usually call you first, however!

NOTE: CORRESPONDENCE/PHONE CALLS WILL START WITH YOUR TEAMS MAIN CONTACT PERSON; PLEASE GIVE US A BACKUP.

**MAIN CONTACT PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**HOME PHONE NUMBER:** \_\_\_\_\_ **OTHER PHONE NUMBER:** \_\_\_\_\_

**BACKUP CONTACT PERSON:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **OTHER PHONE NUMBER:** \_\_\_\_\_

**COMMENTS OR SCHEDULING PROBLEMS (We will try to schedule around your conflicts)**

SCHEDULE CONFLICTS \_\_\_\_\_  
 \_\_\_\_\_  
 SCHEDULE COMMENTS \_\_\_\_\_  
 \_\_\_\_\_

**TO ENTER YOUR TEAM AT FARMER JIM'S SPORTS COMPLEX (You should do the following as early as possible)**

1. COMPLETE THE ABOVE ENTRY FORM AS EARLY AND AS COMPLETELY AS POSSIBLE.
2. AS USUAL, 1st COME, 1st SERVED! - PLEASE INDICATE YOUR SCHEDULING PROBLEMS ON YOUR FORM.
3. **RETURN THIS FORM IN PERSON OR MAIL WITH \$200 DEPOSIT TO: FARMER JIM'S SPORTS COMPLEX**  
 2971 Niles Cortland Rd., Cortland OH 44410.
4. PLEASE COMPLETE THE TEAM ROSTER AND MAIL WITH DEPOSIT.
5. EVERY PLAYER/PARENT MUST COMPLETE THE RELEASE FORM - COPY AND HAND OUT TO PLAYERS.
6. **BALANCE DUE AT THE FIRST GAME.** YOU WILL NOT BE GIVEN YOUR SCHEDULE UNTIL BALANCE IS PAID AND WAIVERS TURNED IN.
7. OUR PHONE NUMBER: (330) 637-1796. OUR FAX NUMBER: (330) 637-1197. ANY QUESTIONS, PLEASE CALL.
8. RETURN CHECK FEE IS \$25.00