

**CCBC Catonsville
7-A-SIDE**



SOCCER LEAGUE

Register by June 12, 2009

***Fast paced training league for
high school age players.***

Club teams welcome.

Short sided play on a reduced field for more
frequent touches and technical skill
development.

WHERE: Community College of Baltimore County Catonsville Campus
800 Rolling Road, Catonsville, MD 21228

WHEN: Tuesday & Thursday nights: July 7, 9, 14, 16, 21, 23, 28, 30, Aug. 4 & 6

GAME TIMES: 5:30, 6:30 and 7:30 pm (rotating schedule)

REFEREES: Certified referees. \$15 paid each game on the field by each team.

COST: \$385 per team. Includes 15 numbered jerseys.

FORFEIT FEE: \$30 – Must be paid to League Director at next scheduled game

ROSTER SIZE: Minimum 10; Maximum 15.

REGISTRATION DEADLINE: \$100 deposit due by June 12. Balance due at manager meeting.

TEAM MANAGER'S MEETING: June 30th, 7pm @ CCBC Catonsville – Athletics and Wellness
Center – L103 C (L Building – Gym)
(Team jerseys and schedules will be handed out at this meeting.)

Please use only the official roster or individual permission slips for your players. Visit www.ccbcmd.edu/athletics/cat/soccer7v7.html to download forms. Must have parent/guardian signature for player to be eligible to participate.

To Register: Fill out the registration form below and mail with \$100 deposit by June 12, 2009 to: CCBC Catonsville ATTN: 7v7 Soccer, 800 S. Rolling Road, Catonsville, MD 21228. **Make Checks payable to "CCBC Catonsville"**. For further questions or information call the CCBC Catonsville Athletics and Camps Office at 443-840-4197. **REFUND POLICY:** 20% of the team fee represents a non-refundable application fee. 60% will be refunded up to the first two days of the program. No refunds after the first two days of the program. No refunds will be issued due to inclement weather cancellations that cause a reduction in the length of the program. Requests must be written and mailed to CCBC Catonsville ATTN: Athletics, 800 S. Rolling Road, Catonsville MD, 21228. Refund requests may be faxed to 443-840-4998. Processing time is three weeks from receipt of request. The date used to determine refunds will be the postmark.

Team Registration Form: 2009 CCBC Catonsville 7v7 Soccer League

Adult Team Rep

Team Name or High School

BOYS / GIRLS

Address: Street, City, State, Zip

(circle one)

Day Phone

Evening Phone

Email

League announcements will occur via email

Fee Amount Enclosed: \$ _____

PROCEEDS BENEFIT THE CCBC CATONSVILLE WOMEN'S SOCCER ATHLETIC SCHOLARSHIP FUND