ADULT "WAITING LIST" REGISTRATION FORM

SELECT SEASON

- ☐ FALL 1 (BEGINS AUGUST)
- ☐ FALL 2 (BEGINS OCTOBER)
- ☐ WINTER (BEGINS JANUARY)
- ☐ SPRING 1 (BEGINS MARCH)
- ☐ SPRING 2 (BEGINS MAY)
- ☐ SUMMER (BEGINS JULY)

SELECT DIVISION

Men's	**Coed**	**Coed Weekend**
☐ Division 1	☐ Division 1	☐ Division 1
☐ Division 2	☐ Division 2	☐ Division 2
	☐ Division 3	
Games Played Thurs & Fri	Games Played Mon, Tues & Wed	Games Played Sat & Sun

INFORMATION

TEAM NAME _____ AVERAGE AGE OF TEAM _____

MANAGERS NAME _____ HOME PHONE _____

WORK PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREFERENCES (Please consider outdoor soccer, weddings, out-of-town tournamnets, holiday weekends, etc.)

Specific Dates & Times to Avoid _____

note: all schedule requests will be taken into considereation but no guarantees

FINAL CHECKLIST (Check each item as you complete each task)

- ☐ Did you select your preferred season?
- ☐ Did you select the division you want to play in?
- ☐ Did you enclose a check or $100 cash?
- ☐ Have you read the player policy guidelines?

Mail or bring this form with a $100.00 team deposit to:
THE PLEX PDX
8785 SW BEAVERTON HILLSDALE HWY
PORTLAND, OR 97225

DATE RECEIVED_____ AMOUNT_____