



SANTA MONICA ULTIMATE FRISBEE LEAGUES
FALL SEASON 2010



Team/Player Registration Form
Registration from August 30, 2010 until October 1, 2010

Team /Player Name: _____ Male/Female: _____
(Team name should not be offensive to youth)
Team Manager Name: _____

Address: _____

Eve Ph: _____ Day Ph: _____ Cell Ph: _____

Email Address: _____

Team Fees

Sundays, 7 week season (Oct. 17, 2010 – Dec. 5, 2010, No games on Nov 28th)

Adult - \$200 per team (A, B, or C Division only)

Youth - \$25 per player

Indicate League Category * **:

***Please check off ***

- Sunday (10am-1pm) "A" Division (Top Level Players, looking for highly competitive games)
- Sunday (10am-1pm) "B" Division (Teams looking to play hard at a more casual level)
- Sunday (10am-1pm) "C" Division (Teams new to the sport, looking for a fun experience)
- Sunday (9am-10am) "Youth" Division (11-14yrs as of Oct 1, 2010)
- Sunday (9am-10am) "Youth" Division (15-18yrs as of Oct 1, 2010)

Divisions A&B will play 2 shorter games each week. Division C will play 1 longer game each week.

All games will be played on the sand in Santa Monica, at the end of Ocean Park Blvd.

<http://tiny.cc/beachpickup>

***If there are not enough teams/players to fill a division, teams/player may be combined to the most division.**

****We cannot guarantee your team requested division of play. However, please check off your team preference as we will use our priority system to determine each teams division of play.**

Send Application to: Community Sports Office, 1401 Olympic Blvd., Santa Monica, CA 90404 or Fax to: (310) 452-9407.

City Use Only

Date Received: _____ By: _____



**SANTA MONICA ULTIMATE FRISBEE LEAGUES
FALL SEASON 2010
Team/Player Registration Payment Form
Registration from August 30, 2010 until October 1, 2010**



Team/Player Name: _____
(Team name should not be offensive to youth)

Team Manager Name: _____

Fee Amount Enclosed \$ _____

Payment Method Check – Make check payable to *City of Santa Monica*
 Credit Card MasterCard Visa Discover

Name on Card: _____

Card Number: _____ / _____ / _____

Card Expiration Date: _____

Card Holder Signature: _____

Player Registration Forms Must Accompany Team Registration Forms

Send Application to: Community Sports Office, 1401 Olympic Blvd., Santa Monica, CA 90404 or Fax to: (310) 452-9407

<i>City Use Only</i>		
Date Received: _____	By: _____	Payment Received \$ _____



Ultimate Frisbee Leagues Fall 2010 Team Roster



Team Name: _____

(Team name should not be offensive to youth)

Team Roster

Name	Address	Male	Female
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/>	<input type="checkbox"/>
22.		<input type="checkbox"/>	<input type="checkbox"/>
23.		<input type="checkbox"/>	<input type="checkbox"/>
24.		<input type="checkbox"/>	<input type="checkbox"/>

Player Registration and Release of Liability forms must be on file with the City of Santa Monica.

Send Application to: Community Sports Office, 1401 Olympic Blvd., Santa Monica, CA 90404 or Fax to: (310) 452-9407

City Use Only

Date Received: _____ By: _____

Player Registration and Release of Liability Forms Received on All Players? _____