

# Winter Club League

**DEADLINE: Registration must be received by Monday, January 14th.**

**REGISTER TODAY! SPACE IS LIMITED.**

Stay sharp this Winter.  
Play weekly in the premier indoor  
facility in the region.

- Weekday league
  - 45 minute game blocks
- 
- Games weekly 6:00 to 9:00pm
  - Boys & Girls: Ages 8 -14 play 6 v 6;  
15 and up play 5 v 5
  - 1st and 2nd place awards
  - Referee fee of \$10 is due prior to each game
  - Teams accepted on a “first come” basis.  
Entry is confirmed only with payment in full

## Games begin the week of January 28.

Monday & Thursday (one game per week)

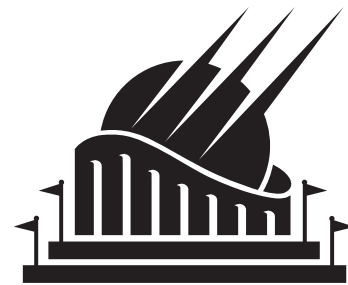
- **Boys:** U8, U9, U10, U11
- **Girls:** U8, U9, U10, U11, U12, U13, U14,  
U15, U16, U17 thru 19
- (7 games/\$650)

Friday

- **Boys:** U12, U13, U14, U15, U16
- (7 games/\$650)

### NO OUTDOOR CLEATS!

Rubber-soled sneakers or turf-shoes only.  
Teams with player(s) wearing cleats will  
forfeit that game.



**THE COLISEUM**  
*At Teaneck Armory*

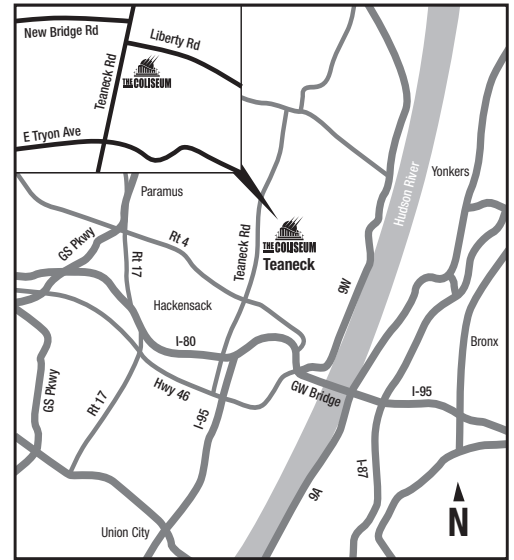
**Register Online @ [www.soccercoliseum.com](http://www.soccercoliseum.com)**

**DEADLINE: Registration must be received by Monday, January 14th.**

- Large fields on a premium grass-like artificial surface.  
No walls, no ping-ponging.
- Spectacular 1,500-seat grandstand
- Conveniently located in the heart of Bergen County  
(Teaneck Road exit off of Rt. 80 or Rt. 4)
- Plenty of free private parking

Call or fax for more information regarding adult leagues, practice time and our training camp.

**Tel: (201) 986-0096 Fax: (201) 265-3402**



*The Teaneck Armory, Teaneck, NJ*

**2008 Winter Club League**

**Team Roster**

Player's Name	Birthdate	Player's Name	Birthdate
1. _____	____/____/____	10. _____	____/____/____
2. _____	____/____/____	11. _____	____/____/____
3. _____	____/____/____	12. _____	____/____/____
4. _____	____/____/____	13. _____	____/____/____
5. _____	____/____/____	14. _____	____/____/____
6. _____	____/____/____	15. _____	____/____/____
7. _____	____/____/____	16. _____	____/____/____
8. _____	____/____/____	17. _____	____/____/____
9. _____	____/____/____	18. _____	____/____/____

**Registration**

Team Name \_\_\_\_\_  Boys  Girls U\_\_\_\_\_

Team Contact \_\_\_\_\_ Date Entering \_\_\_\_\_

Tel: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address *E-mail required for receiving schedule—PRINT CLEARLY*

\_\_\_\_\_

**COMPLETE AND MAIL ALONG WITH PAYMENT**

Mail To: The Soccer Coliseum  
Administrative Offices  
467 Kinderkamack Road  
Oradell, NJ 07649

Make checks payable to:  
*The Coliseum*  
Credit card orders may  
be faxed to 201-265-3402

7 Game Season – \$650

<b>BILL MY CREDIT CARD:</b>		Signature _____	Exp.Date ____/____/____
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	Card # _____	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	Billing Address _____	