

INDOOR

ADULT SOCCER LEAGUES

In-House Leagues Feature: 50 Foot Ceiling, Turf Field: Real Grass, No Burns & No Boards

Huge 100 x 170 Field

Real Soccer Ball

7v7 Soccer

Adult Games Start Times:

Over 35BB Men Mondays 7:15pm - 10:55pm
Over 30 Men Wednesdays 7:30pm - 11:10pm
Over 25 Men Tuesdays 7:30pm - 11:10pm
Over 18 Men Thursdays 7:30pm - 11:10pm
Overflow-Sundays-If needed 5:00pm-11:10pm
For More Over 18 & 25

Adult Prices:

\$850 Per Team for Fall
\$950 Per Team for Winter I or II
(*\$850 if Team Also Plays In Fall/Spring/ Summer*)
\$850 Per Team for Spring & Summer

(*\$300 Deposit and Credit Card Number Required To Register*)

Sessions To Choose From:

Fall Session begins September 12, 2016. Deadline is September 6, 2016.

Winter I session begins November 21, 2016. Deadline is November 14, 2016.

Winter II session begins January 23, 2017. Deadline is January 16, 2017.

Spring session begins April 10, 2017. Deadline is April 3, 2017.

Summer session begins June 11, 2017. Deadline is June 4, 2017.

Start dates are approximate. Next season starts immediately at completion of prior season. Don't wait until the last minute to register. Check current schedules on our web site at www.intsports.com to determine the next season's beginning.

To register a team, complete the application below and return with check or money order made payable to the International Sports Centre to: 650 Kresson Road, Cherry Hill, NJ, 08034. By signing below I agree to adhere to all ISC rules and regulations. If my team is scheduled and drops, I will forfeit my team's registration fee. A registration fee of \$300.00 must be included for each team registered. **A credit card number must also be provided for the team.**

Team Name: _____ Team Rep: _____

E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Session (circle one): Fall Winter 1 Winter 2 Spring Summer

League (circle one): Over 35A Men Over 35BB Men Over 25 Men A B Over 18 Men A B

Credit Card # (required to insure timely payment): _____ Exp. Date: _____ CVC: _____

Rep Signature: _____

Second Contact (must be included): _____ Home Phone: _____



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@ISC_CH | #PLACETOBE