



APEX FIELD HOUSE 2017 YOUTH FALL INDOOR SOCCER LEAGUES

Game Days	Time	Divisions	Fees (includes refs fees)	Games	Start Date
Friday	4-5:45pm	Boys U8/9	\$600	8	November 3
Saturday	7am-8pm	Boys U10, U11, U12, U13	\$600	8	November 4
Saturday	7am-10pm	Boys U14	\$600	8	November 4
Saturday&Sunday	11am-10pm	Boys JV or Varsity	\$600	8	Nov 4 or Nov 5
Friday	4-5:45pm	Girls U8/9	\$600	8	November 3
Saturday	7am-8pm	Girls U10, U11, U12, U13	\$600	8	November 4
Saturday	7am-10pm	Girls U14	\$600	8	November 4
Saturday&Sunday	11am-10pm	Girls JV or Varsity	\$600	8	Nov 4 or Nov 5

League Information: PLEASE READ!

- U8/9 plays 8v8, U10/11 plays 7v7, U12+ plays 6v6 (two 20 min halves).
- All players must be on the Apex Roster before playing. Players can only play on **one** team per division.
- Champions League teams must play up a year.
- To register: Team must submit a non-refundable \$200 deposit with team registration form. Remaining league fees are due by your first game.
- Deadline to register is 2 weeks prior to league start, or until leagues are full. Apex PRD takes teams on a first come, first served basis.
- Please be specific about your Colorado Youth Soccer Division, to aid us in best league parity. ****we may place teams based on skill rather than age, Apex PRD reserves the right to combine leagues.**
- Please make all schedules requests at registration. We do not change game times or days once registration is closed. We cannot guarantee requests, but will do our best to accommodate.
- Saturday leagues may be required to play one Sunday game during the session.
- Schedules will be posted online at www.teamsideline.com/apex one week before the league start.
- Team manager's will be emailed a rule book and roster one week before league starts.

Send payments to:

Apex Field House 5724 Oak Street. Arvada, CO. 80002.

Fax: 303-431-7244 Phone: 303-431-9600 After 5pm call 303-467-7131

Contact Whitney Walker with any other questions, 303-467-7136. whitneyw@apexprd.org



TEAM NAME: _____ MANAGER'S NAME: _____

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE #: _____

BOYS or GIRLS (circle one) AGE DIVISION: _____

**FALL OUTDOOR LEAGUE CLASSIFICATION: _____

Ex:(Champions League -P1, P2, P3 or Centennial League- Elite, Platinum, Gold, Silver or Mountain Region)

CHECK #: _____ VISA/MC/DISCOVER: _____ EXP. DATE: _____

EMAIL(required): _____

MAKE SCHEDULE REQUESTS NOW! ONCE THE SCHEDULES HAVE BEEN COMPLETED GAME TIMES WILL NOT BE CHANGED.

***Schedule requests:** _____

MANAGER'S SIGNATURE: _____ **DATE:** _____

(I have read and understand the league information outlined above, and agree to the terms)