



SCMAF Youth Team Registration Cover Sheet

Agency _____ League Director _____

Address _____ City _____ Zip _____

Work Phone _____ E-Mail _____

Payment Options: ____ Check enclosed ____ Bill Agency ____ Contact for Credit Card Info.

USE A SEPARATE FORM FOR EACH SPORT/LEAGUE

League Start Date: _____ League End Date: _____

Pre-Season Dates: _____

<u>Sport</u>	<u>League</u>	<u>Fee Schedule</u>
____ Basketball (Due 2/1)	____ Boys	____ # Teams/Individuals Registration Only (\$3 Each)
____ Softball ____ Baseball	____ Girls	____ # Teams/Individuals PMBF*
____ Flag Football (Due 10/1)		____ # Teams/Individuals Sports Insurance* **
____ Hockey		*Includes Registration
____ Soccer (Indoor)		
____ Soccer (Outdoor)		
____ Volleyball (Due 10/1)		
____ Swimming		

<u># Teams by Division</u>	
Boys Div. AA	____ A ____ B ____ C ____ = ____
Girls Div. AA	____ A ____ B ____ C ____ = ____
	Total = ____

Note: *All teams in all divisions must be registered to be eligible to participate in SCMAF tournaments/ competitions.*

<p align="center">**Sports Insurance Liability Certificate Information</p> <p align="center">(Only fill out if you are requesting Sports Insurance)</p> <p>Certificate Holder (City): _____</p> <p>Address: _____</p> <p>Additional Insured: _____</p> <p>Address: _____</p> <p>Location of play: _____</p>
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Attach Either:

- SCMAF Team Registration Form

OR

- A copy of your in-house registration list, contact list or schedule which contains the Team Name and Coach's Name and Address, along with this Cover Sheet.

***Remember to also specify which teams should be covered by either PMBF or Sports Insurance.**

Mail SCMAF, P.O. Box 3605, So. El Monte, CA 91733

Phone 626-448-0853 Fax (626) 448-5219

E-Mail scmaf@scmaf.org