



SCMAF Adult 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	____ # Men's	____ # Teams Softball (\$12.00ea)
____ Softball	____ # Women's	____ # Teams Softball After 8/15 (\$8.00 each)
____ Flag Football	____ # Co-ed	____ # Teams All Other Sports (\$8.00 each)
____ Roller Hockey		____ # Teams PMBF*
____ Soccer (Indoor)		____ # Teams Sports Insurance*
____ Soccer (Outdoor)		*Includes Registration Fee
____ Volleyball		

Teams

New Teams: _____ *New Teams are all those participating in the program in any given year for the first time in that calendar year.*

Returning Teams: _____ *Returning Teams are teams which have been previously registered with SCMAF in the current year and have returned with the "same team name" and the "same manager."*

Total: _____

Sports Insurance Liability Certificate Information (optional)

Certificate Holder (City): _____

Address: _____

Additional Insured: _____

Address: _____

Location of play: _____

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 of Sports Insurance.**

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

Fax (626) 448-5219

E-Mail scmaf@scmaf.org

Phone 626-448-0853