



# 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)		
___ Volleyball		

\*Includes Registration Fee (Please note if both PMBF and Sports Insurance are checked for the same team the registration fee is **only** included with PMBF.)

### 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 specify which teams should be covered by PMBF, Sports Insurance or both.**

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