



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	___ Girls	___ # Teams/Individuals PMBF*
___ Flag Football (Due 10/1)		___ # Teams/Individuals Sports Insurance*
___ Hockey		
___ Soccer (Indoor)		
___ Soccer (Outdoor)	# Teams by Division	
___ Volleyball (Due 10/1)	Boys Div. AA ___ A ___ B ___ C ___ = _____	
___ Swimming	Girls Div. AA ___ A ___ B ___ C ___ = _____	
		Total = _____

Sports Insurance Liability Certificate Information (optional)

Certificate Holder (City): _____

Address: _____

Additional Insured: _____

Address: _____

Location of play: _____

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

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.

*Includes Registration (Please note if both PMBF and Sports Insurance are checked for the same team, the registration fee is **only** included with PMBF.) **Remember to specify which teams should be covered by either PMBF, Sports Insurance or both.**

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