



Baxter Sports Complex

P.O. Box 587

Fort Madison, IA 52627

(319) 372-2932

2020 6v6 SOCCER REGISTRATION FORM

Please complete the following information and submit along with league fees.

Team Name/Sponsor: _____

Team Captain: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

1st Season:

- Begins Monday, June 8th
- **Registration Deadline:** Monday, June 1st

2nd Season:

- Begins Monday, August 10th
- **Registration Deadline:** Monday, August 3rd

Sponsor/Team Fees: \$275 Per Season

FOR OFFICE USE ONLY

Date Received: _____ Amount: \$ _____ Check # or Cash: _____ Employee Initials: _____