



SCMAF Team Registration Cover Sheet

Agency _____ League Director _____

Address _____ City _____ Zip _____

Work Phone _____ E-Mail _____

___ Check Enclosed ___ Bill Agency

USE A SEPARATE FORM FOR EACH SPORT/LEAGUE

League Start Date: _____ League End Date: _____

Pre-Season Dates: _____

Check:

Sport

- ___ Basketball
- ___ Softball
- ___ Flag Football
- ___ Hockey
- ___ Soccer (Indoor)
- ___ Soccer (Outdoor)
- ___ Volleyball

League

- ___ Men's
- ___ Women's
- ___ Co-ed
- ___ Other

Fee Schedule

Registration Only:

- ___ # Teams Softball (\$12.00ea)
- ___ # Teams Softball After 8/15 (\$8.00ea)
- ___ # Teams All Other Sports (\$8.00ea)
- ___ # Teams PMBF*
- ___ # Teams Accident Protection*

*Includes Registration

Teams

- New Teams* _____
- Returning Teams** _____
- Total _____

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

** 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."

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 Accident Protection.

Mail to SCMAF, P.O. Box 3605, So. El Monte, CA 91733 or Fax (626) 448-5219, or

E-Mail: SCMAF@scmaf.org