

Boys Indoor Soccer



Ages: 5 to 13

The Divisions will be as follows:

- **Kindergarten Division** – (Games at Hillview Friday Nights)
- **Biddy Division** – Grades 1 & 2 (Games at Hillview Saturdays)
- **Intermediate Division** – Grades 3 & 4 (Games at Hillview Saturdays)
- **Junior Division** – Grades 5 & 6 (Games played at PVMS (Games TBD))
- **Senior Division** – Grades 7 & 8 (Games played at PVMS (Games TBD))

Day or location may change

Divisions will be separated by gender when possible

We cannot honor team placement or carpool requests for any reason!

Biddy Division: Practice Tuesday or Thursdays 6pm or 7pm.

Intermediate Division: Thursday 6pm 7pm or 8pm.

Biddy and Intermediate Division 1 practice and 1 game per week

Junior and Senior division 2 games per week

A skills evaluation and draft will take place for grades 3-8 to keep the teams as even as possible.

Intermediate Boys – Tuesday February 6th -6pm

Intermediate Girls – Tuesday February 6th – 7:30pm

JR/SR – Tuesday February 6th – 6:30pm

Location TBD

Day or location may change

Season begins mid-February and runs for 6 weeks.



Register Deadline January 22, 2018

Kindergarten Fee: \$85 Non-Member fee \$120 (\$85 + \$35 Yearly Membership)

Member Fee: \$95 (Grades 1-8)

Non-Member Fee: \$130 (\$95 + \$35 Yearly Membership)

ONLINE registration is available for this program

****All correspondence will be sent by e-mail. Please make sure to enter e-mail addresses on back of this form****

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY. NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED. A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

For more information contact:
Boys & Girls Club of Pequannock

19 Oak Ave

Pequannock, NJ 07440

973-633-9007

www.bgcnnnj.org

www.facebook.com/bgcofpequannock

*** Not a school sponsored program***



Member Fee: \$95 (Grade 1-8)
Non-Member Fee:\$130
\$95 + \$35 Yearly Membership

Child's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Gender: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Home Phone: _____ Emergency Phone: _____
 Indoor Soccer Division: _____ **E-mail** _____
 T-Shirt Size: ys ym yl yxl as am al axl

Mother's Name: _____
Business Name & Address: _____
Cell Phone: _____ **E-mail** _____

Does your child have any impairment? _____

Company or Sponsor Name	Contact Person & Phone #
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Coaches: We need coaches for your child's team!

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Club of Northwest NJ to seek emergency medical care for my child as deemed necessary by the Director.

(Date)