



# HUSKY HIGH SCHOOL INDOOR SOCCER LEAGUE

## League Dates

League play begins Sunday, December 6th and ends Sunday, March 28th. Playoff format will be decided based on weather cancellations and forfeits.

## Registration

Managers must register their team by **November 26th**. Team roster must be turned in before the first game. Games will be 7 on 7 with a maximum of 15 player per roster.

## Fees

Teams registered by November 8th– **\$850– Payment must be received by November 26th**  
Teams registered by November 26th– **\$925– Payment must be received by November 26th**  
Teams are responsible for bringing their own jerseys. Jerseys should have numbers and be matching colors.

## Structure

- The High School Soccer League is a round robin format with a single game elimination final.
- Teams will be guaranteed a minimum of 10 games.
- Games will be scheduled on Sundays and will be played between 12:00pm—8:00pm.
- All players must be enrolled in their respective High School. No player over the age of 18 will be allowed in the league.
- Players can not play for more than one team.
- **Student ID's** must be shown to the supervisor before each game to be checked in under team roster

## **As an added bonus:**

Teams will be able to fine tune and work on team or individual skill development throughout the league

## Information

For more information contact: Ron Seibring at SCSU Campus Recreation.  
rseibring@stcloudstate.edu  
(320) 308-5146

## Dates of Play:

- December 6, 2009
- December 13, 2009
- December 20, 2009
- January 3, 2010
- January 10, 2010
- January 17, 2010
- January 24, 2010
- January 31, 2010
- February 7, 2010
- February 14, 2010
- March 14, 2010
- March 21, 2010



# 2009 -2010 High School Soccer Registration Form

Team Name: \_\_\_\_\_ School Representing: \_\_\_\_\_

Coach (Adult Contact) \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact (may be a team member): \_\_\_\_\_

Work/Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Color of Uniform: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Entry Forms & Check To:

St. Cloud State University  
SRC 160  
702 4th Avenue South  
St. Cloud, MN 56301