**SISL APPLICATION FORM 2025– 2026**

**TEAM REGISTRATION FEES**

## DEADLINE: $2300.00 Monday September 30th

## EARLY BIRD: $2200.00 Friday September 13th

*PLUS A $200.00 BOND FOR MEN*

This application form will be considered if fully completed in type or print, accompanied by the **full amount of the registration fee** and received by the S.I.S.L. at the SSA Office by the registration deadline.

A full refund will be issued if a team is **NOT** accepted.

NO REFUND WILL BE ISSUED IF A TEAM PULLS OUT AFTER THE DEADLINE ON TUESDAY SEPTEMBER 30th, 2025. A 50% REFUND WILL BE GIVEN BEFORE THAT DATE.

PLEASE MAKE YOUR CHEQUE OR MONEY ORDER PAYABLE TO *SCARBOROUGH SOCCER* *ASSOCIATION/SSA*. **YOU CAN ALSO PAY BY VISA, MASTER CARD OR DEBIT.**

# TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOMEN’S DIVISION\_\_\_\_\_\_\_\_\_\_\_\_\_ PREFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SENIOR MEN’S DIVISION\_\_\_\_\_\_\_\_\_ PREFERENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM CONTACT**: (SEND INFO TO:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*EMAIL**  :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(***All information in the SISL is sent via email. Please make sure your email address is always up to date***)

**COACH’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Soccer team agrees to play in the Scarborough Indoor Soccer League in the 2025-2026 season and agrees to abide by all rules & regulations of the league. All pages of application have been received and read.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SISL TELEPHONE# 416-285-8002 SISL EMAIL: ssa22@bellnet.ca

**OFFICE USE ONLY** PAID:

BOND: