

Interest Sign-up Sheet*
For the New Team-Sport of
ICE SOCCER™

Name: _____

Note:

- E-mail: _____
- Phone: _____
- Address: _____

Required protective equipment:

- **Helmet**
- **Hard-cased elbow pads**
- **Face mask for goalie**

Optional protective gear

- **Knee pads**
- **Hip pads w/ "tail bone" protection**

About yourself – so proper team grouping/scheduling be evaluated/planned

- **Gender** (check the appropriate one): Male ____ Female ____
- **Age group** (check the appropriate one):
 - Male 10-12 ____
 - Male 13-14 ____
 - Male 15 and above ____
 - Female 10-14 ____
 - Female 15-18 ____
 - Female 19 and above ____
- **Competition preferred** (check box or boxes that apply)
 - Same gender ____
 - Co-ed ____
 - Either ____
 - Very competitive ____
 - Light competition ____
 - Casual play ____
- **Times you think you will be available to play ICE SOCCER**
 - Seasons (check all that apply)
 - Winter ____
 - Spring ____
 - Summer ____
 - Fall ____
 - Day(s) of the week (check all that apply)
 - Mon ____
 - Tues ____
 - Wed ____
 - Thurs ____
 - Fri ____
 - Sat ____
 - Sun ____
 - Hours of the day (check all that apply)
 - Weekdays
 - Morning (8-11 A.M.) ____
 - Mid-day (11-1 P.M.) ____
 - Afternoon (1-5 P.M.) ____
 - Weekends
 - Morning (8-11 A.M.) ____
 - Mid-day (11-1 P.M.) ____
 - Afternoon (1-5 P.M.) ____
 - Prime-time (5-10 P.M.) ____
 - Late (10 P.M. – closing) ____

Return this form to: _____ (local arena/contact person) _____

*This is an interest sign-up form only for the sport of **ICE SOCCER** – not for any other activity.