

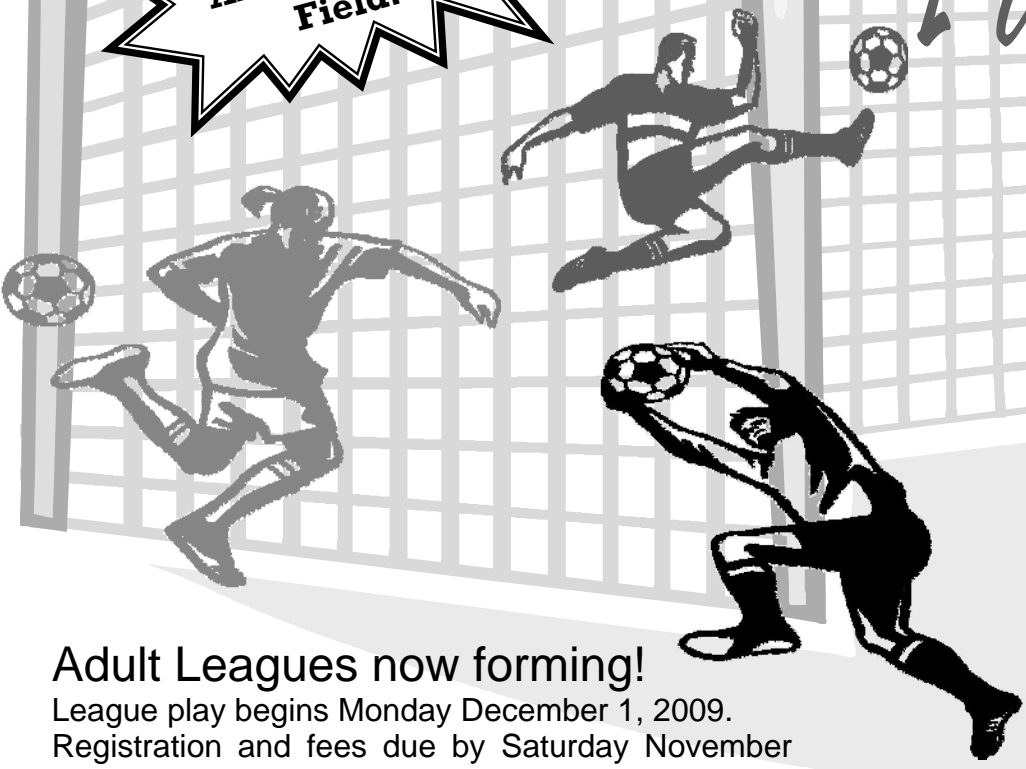


WINTER 2010

# 6 V 6 SOCCER

*Pass Shoot Score!*

**New  
Bobby Bonds  
Artificial Turf  
Field!**



**Adult Leagues now forming!**  
League play begins Monday December 1, 2009.  
Registration and fees due by Saturday November 28, 2009.

**League Fee: \$500/Team**

Fee includes 10 week schedule and officials, plus playoff games for qualifying teams. Teams require a minimum of 7 players and no maximum number of players.

Return the registration form on reverse with a check made payable to "Empire Soccer Shop" by mail or walk-in to the shop at 3672 Chicago Avenue, or online at [www.empiresoccershop.com](http://www.empiresoccershop.com). Contact Empire Soccer at (951) 805-8185 for league details and registration.

**Registration now being taken**

**SPACE** to learn & play  
to be safe & secure  
to create & imagine



**Parks, Recreation and  
Community Services  
Department**

**Empire Premier Soccer**  
 3672 Chicago Avenue, Riverside, CA 92507  
 (951) 805-8185

**MANAGER'S NAME**

---

**TEAM NAME**

---

**PREFERRED PLAYING NIGHT/DAY:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**DIVISION:**

- |  |  |
|--|--|
| <input type="radio"/> Men's Open Division    | <input type="radio"/> Women's Open Division    |
| <input type="radio"/> Men's 1st Division     | <input type="radio"/> Women's 2nd Division     |
| <input type="radio"/> Men's 2nd Division     | <input type="radio"/> Women's Over 30 Division |
| <input type="radio"/> Men's Premier Division | <input type="radio"/> Co-Ed Open Division      |
| <input type="radio"/> Youth U-10 Division    | <input type="radio"/> Youth U-12 Division      |
| <input type="radio"/> Youth U-14 Division    |  |

**Suggest a new division:**

\_\_\_\_\_  \_\_\_\_\_

**TEAM ROSTER ADULT 6 V 6 SOCCER LEAGUE**

The participant assumes all risks associated with participation in the program; the City of Riverside and Empire Premier Soccer assume no liability for injuries or damages arising from participation in the program. Due to the strenuous nature of some activities, the City of Riverside and Empire Premier Soccer encourage each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the City of Riverside's and Empire Premier Soccer's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:** \_\_\_\_\_

**FAX #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

*Please mail roster and payment to the Empire Soccer Shop Office,  
 Attention: 6v6 Riverside Leagues, 3672 Chicago Avenue, Riverside,  
 CA 92507*

FIRST & LAST NAME (please print)	STREET ADDRESS & CITY	ZIP CODE	E-MAIL	PHONE (w/ area code)	AGE	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						