

MTsc U Scrimmage Request Information

To request a scrimmage during the valid scrimmage period, send the following information to biskander@aol.com:

Requested Date for the Scrimmage (mm/dd/year): ____/____/____

Day of Scrimmage Date Requested (Circle/Check One): Monday Tuesday Friday Saturday

Time of Requested Scrimmage (Circle/Check One): 6:00 pm 8:00 pm Other if Saturday ____ am or pm

Host Team Name: _____ Host Team Manager: _____

Team Manager Phone: _____ Team Manager Email: _____

Opponent's Team Name: _____ Opponents Team Club: _____

Scrimmage Pre-Payment Requirements for FINALIZATION

To FINALIZE the scrimmage date, the Host team must pre-pay the \$25.00 administrative and processing fee plus the applicable full referee crew fee (appropriate to the oldest aged team and type of team playing)

For payment of fees, please provide the below details either by emailing it to MetroTulsaSoccer@att.net or by calling MTsc U at 918-298-0190 during office hours; leave a voice message requesting a return call if no one is available to accept your call.

To satisfy the payment by the Deadline, if the information faxed or emailed is valid when processing then the date of payment will be considered to be the date on such fax or email. In the event that such information is provided by phone then the date payment was made will be the date of the receipt resulting from the payment being processed which if done over the phone versus a voicemail, payment processing should be during the conversation. If it is per a voicemail, then due to office hours there is a potential for a delay in payment made.

Pertaining Information

Team Name: _____ Team Manager Name: _____

Team Manager Phone: _____ Team Manager Email: _____

Date of Match the Fees Correspond To: ____/____/____

Fees Relate To (Circle/Check one): No-Show Referee Fee Non-Payment Scrimmage

Credit/Debit Card Information

Kind (Circle/Check one): Credit Debit

Type (Circle/Check one): Visa MasterCard Discover

Name as it appears on Card: _____ Email (for Receipt): _____

Address Associated with Card: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____ - _____ - _____ - _____ Expiration Date (mm/dd/year): ____/____/____