



2016 CAPITAL CITY YOUTH FOOTBALL BULLETIN

REGISTRATION: Teams **MUST** be registered with Municipal Athletics by **July 8, 2016**. Registrations can be mailed to Municipal Athletics, 1500 Rice St., St. Paul, MN. 55117, Email: muni@ci.stpaul.mn.us or fax: 651-558-2237.

DIVISIONS & LEAGUE FEES:	9U	\$450.00 League fee	No end of season tournament
	10U	\$450.00 League fee	No end of season
	11U	\$550.00 League fee	\$125.00 end of season tournament fee
	12U	\$550.00 League fee	\$125.00 end of season tournament fee
	14U	\$550.00 League fee	\$125.00 end of season tournament fee

Player's age on November 15, 2016 determines the level of play (9U/10U: Participants must be 8 years old by August 1, 2016 to play for 9U/10U), NO EXCEPTIONS!! (14U: All 14 year olds must be in the 8th grade. No 9th grade 14 year olds allowed to participate in the Capital City League.)

GAME DAYS: All divisions will play Saturday mornings/early afternoon with the occasional Tuesday or Wednesday evening, beginning August 27, 2016. **There will be NO preview weekend for the 2016 season.**

WEIGH-IN: **To Be Announced. Municipal Athletics will announce weigh-in dates shortly.**

END OF SEASON TOURNAMENT End of season tournament will begin the week of October 17, 2016 and go through October 29, 2016 for the 11U, 12U, and 14U age groups. End of season tournament registration deadline is September 18, 2016. (End of season tournament is optional)

PAYMENT: Rec. Center team entry fees will be collected from their respective areas at the time of the registration deadline. Non rec. center teams must have fee accompany completed registration forms.

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2016 CAPITAL CITY YOUTH FOOTBALL REGISTRATION FORM

PLEASE LIST ONE TEAM PER FORM -- FORM MUST BE COMPLETED (NO PHONE-IN REGISTRATIONS)

Team Name: _____

Organization Contact (Director): _____ Phone: _____
Head

Coaches Name: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Day/Evening Phone: _____ Cell Phone: _____
Asst. 1

Coaches Name: _____ E-Mail: _____

Day/Evening Phone: _____ Cell Phone: _____
Asst. 2

Coaches Name: _____ E-Mail: _____

Day/Evening Phone: _____ Cell Phone: _____

9U 10U 11U 12U 14U

Special scheduling requests-we will try to accommodate all requests if possible. Please include Homecoming Dates and locations.

