



Junior High School League

2010-2011

10 East Belcher Rd, Foxboro Ma 02035

(508) 698-0505

Foxborosportscenter.com

The Junior High School League is divided into 4 levels Super, A, B & C divisions. Junior High School teams consist of 6th, 7th and 8th grade students only. Players born in 1996 and in 8th grade are eligible.

Players with a 1996 birth year and in 9th grade are not eligible.

Players in the 5th grade are not eligible.

Players with a 95 birth year are not eligible.

League Goals

- Consistent time block for each division week to week.
- Provide a competitive and balanced League at all divisions and levels.
- Provide an organized and detailed schedule for the entire season.
- One scheduled realignment meeting. (Possibly two)
- Provide administration, officiating and facility accommodations.

JUNIOR HIGH LEAGUE DETAILS:

- 23 Game Season plus 3 playoff games for all divisions.
- Team Rosters due by September 8, 2010.
- FSC blackout dates – TBA
- ALL TEAMS MUST SUBMIT TOURNAMENT DATES BEFORE REALIGNMENT MEETING.
- All games will be 3-17 minute running time.
- Team Standings will be posted on the FSC web site.
- League will follow Junior High rules.
- The FSC league is not USA/Mass Hockey sanctioned. All teams are responsible for registering their own players if desired with USA/Mass Hockey and is not included in the tuition.
- League Cost per team is \$6,500
 - Payments will be as follows:
 - April 12th (Deposit) \$1,000
 - August 1st \$1,000
 - September 1st \$1,000
 - October 1st \$1,000
 - November 1st \$1,000
 - December 1st \$1,500



Foxboro Sports Center Jr. High League
10 East Belcher Road, Foxboro MA 02035
2010-2011 Season

Town/Team Name: _____

*Every team registering must have individual paperwork filled out completely
If there is more than one team per town please name teams using a color or coaches name.

Division: Super _____ A _____ B _____ C _____

Registration: Check Number _____ Amount: _____ Date: _____
All deposits are non-refundable. Please make check payable to: Foxboro Sports Center

Program Contact:

Name: _____

Billing Address: _____

Town: _____ **State:** _____ **Zip:** _____

Billing Email: _____

Cell Phone # _____

Head Coach:

Name: _____

Address: _____

If different from billing address

Town: _____ **State** _____ **Zip** _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Email _____

Assistant Coach/Manager:

Name: _____

Home Phone #: _____ **Cell #:** _____

Work#: _____ **Email:** _____

All information must be filled out completely to be accepted for the 2010-2011 season.