

4th Annual Marist College Women's Soccer U16G-U18G Premier Tournament & Clinic TEAM REGISTRATION FORM

Club Name _____ League _____
 Team Name _____ Under _____ Tournament Date: Sunday, February 1, 2009
 Coach _____
 Home Phone _____ Work Phone _____ E-Mail _____
 Address _____
 City _____ ST _____ Zip _____

PLAYER NAME	PASS #	BIRTHDAY	UNIFORM #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

- Registration Fee: \$375 per team (\$25 per team discount for clubs registering more than one team)
- Registration and Payment due by Friday January 2nd 2009
- 7 v 7 Games (6 players + GK) ● Each team is guaranteed 4 games, 23 minutes each

FOR PAYMENT: CHECK ENCLOSED PLEASE CHARGE MY: VISA MASTERCARD DISCOVER
Complete Credit Card Information below only if paying or reserving team placement by credit card

Name on Card: _____ Card Number: _____
 Billing Address: _____ 3- digit V-Code: _____

Charge my Credit Card \$ _____ Expiration Date: _____

Do not process at this time: Information provided to reserve Team Placement in the League. I understand credit card will be charged for monies due to HV Sportsdome if full league fee is not received by other means.

 (Signature)

I understand that Hudson Valley Sportsdome, Inc. assumes no responsibility for any injury resulting from participation in the Tournament. Coach's Signature _____

Please make checks payable to: Hudson Valley Sportsdome and send to:
 Hudson Valley Sportsdome, 240 Milton Turnpike, Milton, NY 12547 Ph: 845-795-5220 Fax: 845-795-5264