

3rd Annual Marist College Women's Soccer U10G-U15G Tournament & Clinic TEAM REGISTRATION FORM

Club Name _____ League _____
 Team Name _____ Under _____ Tournament Date: Sunday, January 25, 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 ●Each team is guaranteed 4 games, 23 minutes each
- U10-U14 8 v 8 (7 players + GK), U15 7 v 7 (6 players + GK)

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