



3rd Annual HUDSON VALLEY SPORTSDOME SOCCER TOURNAMENT
to benefit

Make-A-Wish Foundation®
TEAM REGISTRATION FORM
January 16 -17, 2010

Team Fee
\$345

Club Name _____ League _____
 Team Name _____ Gender _____ Under _____
 Coach _____ Level of Play Preferred: ___ Least Competitive ___ Competitive ___ Most Competitive
 Phone _____ Alternate Phone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____
 Team Contact (other than coach) _____
 Phone _____ E-Mail _____
 Emergency Contact – Morning of Tournament – Name/Phone # _____

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

*U11-U16 18 Players permitted U9-U10 14 Players permitted

FOR PAYMENT: PLEASE CHARGE MY: VISA MASTERCARD DISCOVER CHECK ENCLOSED**

CREDIT CARD INFORMATION:

Card # _____ Expiration Date _____ V-Code _____
 Name on Card _____
 Billing Address: Street/PO Box _____ City _____ State _____ Zip _____
 Cardholder's Signature _____ Phone # _____

DO NOT PROCESS Credit Card: Provided to Guarantee Team Entry only; will bring cash or check on tournament day.

I understand that Hudson Valley Youth Soccer League and Hudson Valley Sportsdome, Inc. assume no responsibility for any injury resulting from participation in the Tournament. Signature _____

****Please make check IN THE AMOUNT OF \$345 payable to: Hudson Valley Sportsdome and send to:**
 Hudson Valley Sportsdome, 240 Milton Turnpike, Milton, NY 12547 Phone: 845-795-5220 Fax: 845-795-5264
 www.hudsonvalleysportsdome.com