HUDSON VALLEY SPORTSDOME INDOOR BASEBALL TOURNAMENT

11U/12U GRAND SLAM

Sunday, April 15, 2018

TEAM REGISTRATION FORM

Team Fee

3						
	Club Name			League		
	Team Name			Under	-	
oach		 -				
			ite Phone			
ddress			E-M	ail		
ity		State	Zip			
am Contact	(other than coach)					
hone		E-Mai	I			
mergency Co	ontact – Morning of Tourna	ment – Name/ľ	Phone #			
	PLAYER NAME		BIRTHDAT	ĪΕ	UNIFORM #	
1						
						
						<u> </u>
						<u> </u>
15						
15 Birth Certific	cates must be presented	upon request	for player age	verification.		
`	ailable on our website) mus	•	0 , 1	Ū	,	
OK PAYME	NT: PLEASE CHARGE	WIY: □ VISA	⊔ MASTERCA	ARD □DISC	OVER □CI	HECK ENCLOSED
CREDIT CAP	RD INFORMATION:					
Card #	ardess: Street/PO Boxes Signature_		Expirati	on Date	V-Code	
Name on Co	alu .					
Name on Ca	acc: Street/PO Roy		City		State	7in

After that time refunds will not be issued unless the Hudson Valley Sportsdome cancels the tournament.

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

^{**}Please make check IN THE AMOUNT OF \$795 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 Email: contactus@hudsonvalleysportsdome.com