



HUDSON VALLEY SPORTSDOME INDOOR BASEBALL TOURNAMENT

10U POP-UP

Sunday, April 14, 2019

TEAM REGISTRATION FORM

Team Fee \$835

Club Name \_\_\_\_\_ League \_\_\_\_\_

Team Name \_\_\_\_\_ Under \_\_\_\_\_

Coach \_\_\_\_\_

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 BIRTHDATE UNIFORM #

Table with 3 columns: PLAYER NAME, BIRTHDATE, UNIFORM #. Rows 1-15.

\* Birth Certificates must be presented upon request for player age verification.

Waivers (available on our website) must be completed & signed by parent/guardian and presented at registration.

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 # \_\_\_\_\_

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 \$835 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