



Team Registration Form

Team Name _____ AGE DIVISION: U _____

Circle all that apply

SEASON: Indoor/Outdoor: Winter ___ Spring ___ Summer ___ Fall ___

SPORT/LEAGUE: Field Hockey Soccer Lacrosse Futsal
Volleyball Other _____

DIVISION: Boys/Co-ed Girls Mens Womens Adult Co-ed

LEVEL OF PLAY: Premier First/ Intermediate Recreational
High School A High School B Middle School

Coach Name _____

Address _____

City _____ ST _____ ZIP _____

PHONE: Work _____ Home _____ Cell _____

Email address _____

****A valid e-mail address is required**

Manager Name _____

Address _____

City _____ ST _____ ZIP _____

PHONE: Work _____ Home _____ Cell _____

Email address _____

****A valid e-mail address is required**

FOR OFFICE USE ONLY

Date _____

Invoice #

Amount _____

Payee:

Check# _____

Cash

VISA

MC

last 4 digits _____

exp date _____