



TOURNAMENT TEAM REGISTRATION FORM

(Tournament Fee: \$345)



Club Name _____ League _____
 Team Name _____ Gender _____ Under _____
 Coach _____
 Home Phone _____ Work Phone _____ E-Mail _____
 Address _____
 City _____ ST _____ Zip _____
 Team Contact (*other than coach*) _____
 Home Phone _____ Work Phone _____ E-Mail _____
 Emergency Contact – Morning of Tournament – Name/Phone # _____

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

FOR PAYMENT: CHECK ENCLOSED PLEASE CHARGE MY: VISA MASTERCARD AMEX

CREDIT CARD INFORMATION:

Card # _____ Exp _____ Code _____
 Name on Card _____
 Billing Address _____
 City _____ State _____ Zip _____
 Cardholder's Signature _____ Phone # _____

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

Please make check IN THE AMOUNT OF \$345 payable to: March of Dimes and send to:

March of Dimes, 488 Freedom Plains Rd., Suite 123, Poughkeepsie, NY 12603 Ph: 845-454-8850 Fax: 845-454-9072