



5th Annual MARIST COLLEGE WOMEN'S SOCCER  
 U16G – U18G PREMIER TOURNAMENT & CLINIC  
 Hudson Valley Sportsdome Milton, NY  
**TEAM REGISTRATION FORM**  
 February 7<sup>th</sup>, 2010

<b>Team Fee</b> <b>\$350</b>
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Club Name \_\_\_\_\_ League \_\_\_\_\_  
 Team Name \_\_\_\_\_ Gender \_\_\_\_\_ 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	PASS #	BIRTHDATE	UNIFORM #
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			
8 _____			
9 _____			
10 _____			
11 _____			
12 _____			
13 _____			
14 _____			
15 _____			
16 _____			
17 _____			
18 _____			

**Registration Fee: \$350 per team** (\$325 if registration is postmarked by Dec. 21<sup>st</sup> \$325 if registering more than 1 team per club)

**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 \_\_\_\_\_