



# 2nd Annual ADULT WINTER CLASSIC SOCCER TOURNAMENT

to benefit local Youth Soccer

December 3<sup>rd</sup> - 4<sup>th</sup>, 2011  
6 pm start

Team Fee  
\$275

## TEAM REGISTRATION FORM

Team Name \_\_\_\_\_ Circle Division: Mens Open   Mens Over 30   Womens Open   Coed

Captain \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Team Contact (other than captain) \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact – Morning of Tournament – Name/Phone # \_\_\_\_\_

PLAYER NAME	BIRTHDATE	UNIFORM #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____

Complete Credit Card Information below if paying or reserving team placement in the tournament by credit card:

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 # \_\_\_\_\_  
Amount to charge: \$ \_\_\_\_\_

DO NOT PROCESS Credit Card: Provided to Guarantee Team Entry only; will bring cash or check on tournament day.

**I understand that Hudson Valley Sportsdome, Inc. assumes no responsibility for any injury resulting from participation in the Tournament.** Signature \_\_\_\_\_

**\*\*Please make check IN THE AMOUNT OF \$275 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