

**Marist College
Premier Tournament & Clinic
TEAM REGISTRATION FORM**

Club Name _____ League _____
 Team Name _____ Under _____ Tournament Date: Sunday, February 3rd
 Coach _____
 Home Phone _____ Work Phone _____ E-Mail _____
 Address _____
 City _____ ST _____ Zip _____

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 DISC.

CREDIT CARD INFORMATION:

Card # _____ Exp _____ V Code _____
 Name on Card _____
 Billing Address _____
 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. Signature _____

Please make checks payable to: Hudson Valley Sportsdome and send to:
 Hudson Valley Sportsdome, 240 Milton Turnpike, Milton, NY 12547 Ph: 845-795-5220 Fax: 845-795-5264