

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

Club Name \_\_\_\_\_ League \_\_\_\_\_  
 Team Name \_\_\_\_\_ Under \_\_\_\_\_ Tournament Date: Sunday, January 27  
 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 _____			
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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