

ADULT FLOOR HOCKEY LEAGUE SUMMER 2010



TEAM INFORMATION FORM

*TEAM NAME _____

*LEAGUE (please circle appropriate division)

<u>Reg Code</u> 22189	<u>Date</u> July 13 th , 2010	<u>Day</u> Tuesday	<u>Registration Fee</u> \$225
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*TEAM CAPTAIN (or Individual name if signing up on the Free Agent list.)

NAME: _____

HOME ADDRESS: _____

TOWN/ZIP: _____

TELEPHONE (H) _____ (W): _____ (C): _____

EMAIL ADDRESS: _____

ASSISTANT CAPTAIN

NAME: _____

HOME ADDRESS: _____

TOWN/ZIP: _____

TELEPHONE: (H) _____ (W): _____ (C): _____

*REGISTRATION PAYMENT

PARTICIPANTS:	Residents _____	Non Residents _____	
	Amount _____	Date of Payment _____	
PAYMENT TYPE:	Check # _____	Cash _____	
	Credit Card type _____	Expiration Date _____	
	Card Number _____	V Code: _____	

****Information is REQUIRED***

Please complete and return this information form along with registration form, team roster and fees no later than Monday July 6,, 2010. The Team Roster Form is located on the reverse side of this form. Teams will be taken on a first-come, first-served basis up to a maximum of eight teams.