



Grand Sports Arena

LEAGUE / TOURNAMENT TEAM REGISTRATION FORM

Team Name: _____ Age / Group: _____ Division : _____ Year: _____

Please Check: BOYS GIRLS MEN WOMEN 4 V 4
 CO-ED 1ST SHIFT 3RD SHIFT OVER 30 YOUTH

League Start Date: _____

Tuesday Wednesday Thursday Friday Saturday Sunday

Tournament Name: _____

Coaches Name: _____

1: _____ Phone: () _____

2: _____ Phone: () _____

Information Regarding This Team Should Be Sent To:

Name: _____ Phone: () _____

E-mail: _____ Fax: () _____

Address : _____

City: _____ State: _____ Zip: _____

\$200.00 Minimum deposit required.

All checks should be made payable to Grand Sports Arena

We accept VISA / MC / Discover

Note: Fees / deposit are Non-refundable. Late Payment will result in a penalty of \$50. per week

Please note: Prizes of \$500 or more will be paid by check after claim is properly filed.

OFFICE USE ONLY

League Fee \$ _____ Tournament Fee \$ _____

Deposit: _____ / Non-Refundable deposit required to secure place in the league

Balance: _____ / Due Before First game

Date Received: _____ Receipt #: _____ Amount \$: _____ Check#: _____ Charge: _____ Cash: _____ Initials: _____