

TEAM REGISTRATION FORM



League Registering For:

_____ (Winter I, Winter II, Spring I, Spring II, Summer I, Summer II, Fall I, Fall II, Tournament Name)

Division Name:

_____ (U-8, U-9, U-10, U-11, U-12, U-13, U-14, U-15, High School, Adult)

Division Gender:

_____ (Female, Male, Coed)

Team Name

Color

Coach Name:

Coach Address:

City, State, Zip:

Coach Home Phone:

Coach Business Phone:

Coach Cell Phone:

Asst. Coach Name:

Asst. Coach Address:

City, State, Zip:

Asst. Coach Home Phone:

Asst. Coach Business Phone:

Asst. Coach Cell Phone:

Please submit your completed Team Registration to:

Shoot Out Team Sportsplex LLC
2814 Industrial Avenue
Hubbard, OR
email: info@stsplex.com

This registration form must include a \$100.00 non-refundable deposit to secure your team