



PRESIDENT'S WEEK SOCCER TOURNAMENT

February 2010

6v6 & 7v7

Monday, Feb. 15th - Friday, Feb. 19th

Club Name _____

Team Name _____

Age Group _____

Boys or Girls (please circle) Division: Highest Strong D2 Weak D2 Lowest

Coach _____

Coach's Phone Number (H) _____ (C) _____

Coach's Email _____

Manager _____

Manager's Email _____

Manager's Phone Number (H) _____ (C) _____

Contact Address for Team: _____

Tournament Fee: **\$375**

Payment Options: You have the option of submitting credit card information or sending a check payable to the Sportsplex of Halfmoon Inc.

Credit Card Type Visa () Master Card ()

Credit Card # _____ Expiration Date _____

Name on Card _____ 3 Digit Code on back of card _____

Billing Address _____

Signature _____

By signing above, I authorize my credit to be charged the required \$375.

Please mail this form with payment to:

Sportsplex Of Halfmoon – Attention Tournament Registration

6 Corporate Drive

Clifton Park , NY 12065