



Team Registration Form

Primary Contact Information

Primary Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Place of Employment _____

Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Team Information

Team Name _____ Team Color _____

Estimated # Players _____ Level: Premier Recreational B

Please check the appropriate choice for your team in each category.

Sport	League/Age	Gender	Session
<input type="checkbox"/> Soccer	<input type="checkbox"/> U8 <input type="checkbox"/> U10	<input type="checkbox"/> Girls	<input type="checkbox"/> I (Sept-Oct)
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> U11 <input type="checkbox"/> U12	<input type="checkbox"/> Boys	<input type="checkbox"/> II (Nov-Dec)
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> U14 <input type="checkbox"/> U16	<input type="checkbox"/> Men	<input type="checkbox"/> III (Jan-Feb)
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Middle School	<input type="checkbox"/> Women	<input type="checkbox"/> IV (Mar-April)
<input type="checkbox"/> Wiffle/Softball	<input type="checkbox"/> High School	<input type="checkbox"/> Coed Youth	<input type="checkbox"/> V (May-June)
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Adult	<input type="checkbox"/> Coed Adult	<small>Total number of games varies. Please inquire for details.</small>
	<input type="checkbox"/> Over 30		
	<input type="checkbox"/> Over 35		

FULL PAYMENT IS EXPECTED BEFORE THE BEGINNING OF THE FIRST GAME. TEAMS THAT HAVE NOT PAID IN FULL WILL FORFEIT THEIR GAME AND ANY SUBSEQUENT GAMES THEREAFTER UNTIL FULL PAYMENT IS RECEIVED. There will be **NO credits and/or refunds** for failure to pay in full. The team registration fee for each session varies depending on the number of weeks in the session and the specific sport. Please ask a PSC staff member to confirm your team fee or check online.

PAYMENT INFORMATION – OFFICE USE ONLY

TEAM FEE	\$ _____	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> MC/VISA <input type="checkbox"/> CHK # _____	
DEPOSIT	\$ _____	DATE DEPOSIT RECEIVED: _____	RCV'D BY: _____
BAL DUE	\$ _____	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> MC/VISA <input type="checkbox"/> CHK # _____	
BAL PAID	\$ _____	DATE BALANCE RECEIVED: _____	RCV'D BY: _____