

Over  
**20** yrs

## **WEB 2017-18 Team Registration:** **Winter Break 4v4 Tournament**

Complete & Return to:  
BREAK AWAY SPORTS CENTER, INC, 5964 Executive Dr, Madison WI 53719

Team Manager

Address/City/Zip

Telephone (Primary)

(Alternate)

Email address

### **Team Adult Manager/Parent - MUST read & sign!**

As a Team Manager or Registrant/ Parent/Guardian, I have read & understand the registration procedures listed on the website Registration Page. On behalf of the team listed above, I accept the responsibility that they will play according to the policies listed in the registration procedures & rules of play. Any participation to the contrary will be subject to removal from further participation without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season.

X \_\_\_\_\_  
Team Adult Manager Signature

### **Check or complete all that applies**

#### **4v4 WINTER BREAK TOURNAMENT** (Enter team name below)

- U7/U8 mixed (Festival)
- U9/U10 (DOB: 2009, 2008)
- U11/U12 (DOB: 2007, 2006)
- U13/U14 (DOB:2005, 2004)

**GIRLS**

OR

**mixed**

Team Name: \_\_\_\_\_

Team Color: \_\_\_\_\_  
(alternate shirt colors to all games required)

**OPTIONAL CREDIT CARD PAYMENT:** I understand that by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above team registration.

Master Card

Visa

Discover

Card Holder Signature X \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_