

Over
20 yrs

WEB Team Registration:
Winter Break 4v4 Tournament

**2018/
2019**

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 DOB 2012/11)

U9/U10 (DOB: 2010, 2009)

U11/U12 (DOB: 2008, 2007)

U13/U14 (DOB:2006, 2005)

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 _____