



## 2013 Team Registration

Welcome to the 1<sup>st</sup> Annual HC Storm 3v3 Soccer Tournament

### TEAM INFORMATION:

Name of Team Representative:		
Email:		
Day and Evening Phone:		
Address:		
City, State, Zip:		
Team Name:		
Number of Players on Team:		
Highest Level of Competition by a Team Member		

### DIVISION:

Adult <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Co-ED	Youth <input type="checkbox"/> M <input type="checkbox"/> F		
<input type="checkbox"/> Adult Rec Open	<input type="checkbox"/> HS Comp (8/1/93 - 7/31/96)		<input type="checkbox"/> Youth 10 (8/1/02 - 7/31/03)
<input type="checkbox"/> Adult Comp Open	<input type="checkbox"/> HS Rec (8/1/93 - 7/31/96)		<input type="checkbox"/> Youth 9 (8/1/03 - 7/31/04)
<input type="checkbox"/> Adult Co-Ed Open	<input type="checkbox"/> Youth 16 (8/1/96 - 7/31/97)	<input type="checkbox"/> Youth 13 (8/1/99 - 7/31/00)	<input type="checkbox"/> Youth 8 (8/1/04 - 7/31/05)
<input type="checkbox"/> Adult 30+Open	<input type="checkbox"/> Youth 15 (8/1/97 - 7/31/98)	<input type="checkbox"/> Youth 12 (8/1/00 - 7/31/01)	<input type="checkbox"/> Youth 7 (8/1/05 - 7/31/06)
	<input type="checkbox"/> Youth 14 (8/1/98 - 7/31/99)	<input type="checkbox"/> Youth 11 (8/1/01 - 7/31/02)	<input type="checkbox"/> Youth 6 (8/1/06 - 7/31/07)

**PAYMENT INFORMATION:**

<b>COST</b>	<b>CHECK PAYMENT</b>	<b>CREDIT CARD PAYMENT</b>
<input type="checkbox"/> \$165 MAY 15 - JUNE 15, 2013	<input type="checkbox"/> PAY BY CHECK # _____	<input type="checkbox"/> PAY BY CC TYPE: _____ EXP: _____
<input type="checkbox"/> \$180 JUNE 16 - JULY 7, 2013	<input type="checkbox"/> Amount \$ _____	CC #: _____
<input type="checkbox"/> DATE REGISTERED __/__/____		<input type="checkbox"/> Security # on Reverse: _____
<input type="checkbox"/> APPROVAL INITIALS:	<b>Mail To: HC Storm 3v3</b>	<b>1334 N. Willow Way Spanish Fork, Utah 84660</b>

**2013 Event Dates: July 12 and July 13**

Thank You for your 2013 team registration. We look forward to your participation this year!!!

Should you have any questions please contact our Tournament Director at [ericandrew32@yahoo.com](mailto:ericandrew32@yahoo.com)

## Individual Team Members

Roster may be changed and submitted up to 2 weeks prior to Tourney

### Player #1

Player Last Name:	Player First Name:
Player Gender	Player Birth Date:

### Player #2

Player Last Name:	Player First Name:
Player Gender	Player Birth Date:

### Player #3

Player Last Name:	Player First Name:
Player Gender	Player Birth Date:

### Player #4

Player Last Name:	Player First Name:
Player Gender	Player Birth Date:

### Player #5

Player Last Name:	Player First Name:
Player Gender	Player Birth Date:

### Player #6

Player Last Name:	Player First Name:
Player Gender	Player Birth Date: