

2014 Twilight 7v7 Registration

(Print this form)

Team Name _____

School Affiliation _____

Team Contact

Name _____

Address _____

Phone _____

Team Colors

Primary _____ Secondary _____

The following ratings will help to create a balance of competition within the groupings.

(Circle one for each) Make-up of team: Varsity / Mixed

Experience of team : Highly competitive / Competitive / Developing

Enclosed is a check for:

_____ \$100.00 (deposit) Balance due by June 14, 2014 (no exceptions)

_____ \$575.00 (payment in full)

_____ \$475.00 (payment in full, second team)

Please make checks payable to "**OC Soccer Group**"

Please Mail to:

Twilight Soccer League

6 Sweet Briar Drive

Clark, N.J. 07066