

# 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, 2006 (no exceptions)

\_\_\_\_\_ \$525.00 (payment in full)

\_\_\_\_\_ \$425.00 (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