

2008 HOOSIER REGION TEAM REGISTRATION FORM

In order for our insurance coverage to be effective, all individuals listed on this sheet must be registered Hoosier Region members.

Check Two Boxes: Male [] Female [] Regular [] Junior []
PLEASE TYPE OR PRINT

CLUB NAME: _____

TEAM NAME: _____

CLUB REPRESENTATIVE: _____ TEAM LEVEL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: home (____) _____ work (____) _____

FAX: (____) _____ E-MAIL: _____

REGISTRATION # 11 DIGIT CLUB/TEAM CODE _____ (for this team ranking in your club)

(Region office will complete) FULL NAME OF INDIVIDUAL

_____ 1. _____

_____ 2. _____

_____ 3. _____

_____ 4. _____

FEES DUE REGION

_____ 5. _____ TEAM @ \$20 X _____ = \$ _____

_____ 6. _____ COACHES @ \$40 X _____ = \$ _____

_____ 7. _____ CHAPERONES @ \$20. X _____ = \$ _____

_____ 8. _____ ADULT PLAYERS @\$40 X _____ = \$ _____

_____ 9. _____ FEMALE JR PLAYERS @\$30X _____ = \$ _____

_____ 10. _____ MALE JR PLAYERS @ -0- X _____ = \$ _____

_____ 11. _____ TRAINERS @\$40 X _____ = \$ _____

_____ 12. _____ OTHERS X _____ = \$ _____

_____ 13. _____ BACKGROUND SCREENING FEE@\$16 = \$ _____

_____ 14. _____ TOTAL FEES PAID \$ _____

_____ 15. _____

_____ COACH'S NAME _____

_____ ASST.COACH _____

_____ TRAINER _____

_____ CHAPERONE(S) _____

_____ OTHERS _____

(Includes Administrative Personnel)