TEAM REGISTRATION

Team Name: _____ Team Age Group: _____
Coach: _____
Club Team: _____
Contact Person: _____
Phone: (H) _____ (W) _____
E-mail: _____
Week: ☐1 ☐2 ☐3 ☐4
Session: ☐Day ☐Residential ☐Morning

Team discount applies to teams with at least 10 registered players

Residential:	$50 per player
Day:	$20 per player
Morning	$10 per player

<u>Player names (please collect an application from each player)</u>

1._____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

For more information call 970-247-7590
Or visit
www.goskyhawks.com/Sports/msoc/2008/2008_Academy.asp