

# Registration Form

**PLEASE FILL AND MAIL PAYMENT TO:**

**Soccer Palace**

**163 E. Main Street #308**

**Little Falls, NJ 07424**

***(If paying by CC, Fax to 973-389-8119)***

Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Eve \_\_\_\_\_

Email \_\_\_\_\_

Location (Please check location): \_\_\_\_\_ West Orange. \_\_\_\_\_ Westfield

Age Group \_\_\_\_\_ B, G. Team Level \_\_\_\_\_ Premier \_\_\_\_\_ Travel \_\_\_\_\_ Rec

Tournaments Dates: \_\_\_\_\_

League Session: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Check

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature