



Traverse Bay Area Youth Soccer

Adult Registration Form Spring 2009

160 Hughes Dr., Traverse City, MI 49686

Email: office@tbays.org Phone: 933-8229 Fax: 933-6629 Website: www.tbays.org

Player Information

Last Name _____ First Name _____ Sex _____

Date of Birth _____ Address _____
Month Day Year Number Street

Phone (_____) _____
Area Number City Zip

Adult Comp (11v11) _____ Adult Non-comp.(8v8) _____ Women's (8v8) _____

Team Name _____ Team Coach _____

Registration Fee: \$70.00

____ VISA or ____ MASTERCARD _____ - _____ - _____ - _____ Exp. Dat ____/____/____

Authorized Signature:

Please include a signed medical release waiver with registration.

TBAYS Refund Policy

TBAYS will refund all but \$25 up until the team's 1st game. **No refunds can be made after play has begun.**

Comments: