



Traverse Bay Area Youth Soccer

North Storm Premier Registration Form 2010/2011

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 (_____) _____ City Zip
Area Number

Parent or Guardian _____

Address (if different) _____

Daytime Phone _____ Home Phone _____

Cell Phone _____ email _____

Team Name/Coach _____

Age group _____

To Register I Have Enclosed the Following:

1. Registration Form
2. Medical Care Authorization Form (even if you have one on file)
3. A copy of child's birth certificate
4. Payment of \$168 for a full year (Fall 2010-Spril 2011) _____

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

Authorized Signature:

TBAYS Refund Policy

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

Comments: