

MONTCLAIR STATE UNIVERSITY
7V7 CLINIC/TOURNAMENT
TEAM REGISTRATION FORM

Return 1 form per team

This form **MUST** be filled out by an individual who will take responsibility for keeping all participants from the same school or group informed of any necessary information including changes in the schedule, directions, tournament rules, etc. This individual may be a coach, athletic director, parent, team captain, or any other responsible individual associated with the registered participants. **This individual chosen will be the only individual to receive further information regarding the tournament. Be sure that all participants know who this person is and how to contact him/her.**

Please complete the remainder of this form and return it promptly to the address listed below. Remember-this tournament fills up quickly so do not delay!

Contact Person: _____ Contact

Person's Address: _____ Contact

Person's #: _____ Contact

Person's E-mail: _____

Tournament Team Name: _____

Enclosed is my team check (payable to MSU FIELD HOCKEY) - \$45 per person (minimum # of participants per team is 10). All registration fees are *non-refundable*: **YES OR NO** Team Roster:

1. GOALKEEPER:	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

****Remember each team participating will be limited to a minimum of 10. We suggest no more than 14 players per team. Please send all athletes checks and forms together as a team****
YOU MUST HAVE A GK TO RESERVE A TEAM

Questions: Call Eileen at 973-865-0214 or oreillye@montclair.edu