

**5 v 5 Youth Travel Team Enrollment Form**

Coaches  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Team Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Team Level: \_\_\_\_\_ How many years together: \_\_\_\_\_

Boys Team \_\_\_\_\_ Girls Team \_\_\_\_\_

Age Group Signing up for: \_\_\_\_\_

(Girls U8 to U14 Saturdays, Boys U8-U14, Saturdays) Usually the youngest to the oldest is scheduled with an 8:00 a.m. start to the last game that can start at approximately 4:00 p.m.)

Method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge: Visa M/C Amex Discover  
(\$775.00 FOR ONE TEAM, \$675.00 FOR TWO TEAMS, PER TEAM .) (10 GAMES)

Amount Paid: \_\_\_\_\_ Charge No. \_\_\_\_\_ Exp. \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ I hereby authorize  
payment of the above.

ALL CHECKS MUST BE MADE PAYABLE TO: TAB RAMOS SPORTS CENTER. NO TEAM WILL BE ACCEPTED WITHOUT PAYMENT IN FULL. **DEPENDING UPON REGISTRATION, AGE GROUPS MAY BE COMBINED.** ALL PLAYERS MUST BE CURRENTLY CARDED WITH NJYS, OR MAY PURCHASE AN INDOOR PASS FOR \$10.00 WITH A COPY OF THEIR BIRTH CERTIFICATE.

SHIN GUARDS ARE REQUIRED. TEAMS MUST WEAR MATHING COLORED JERSEYS. **NO PLAYER CAN PLAY FOR MORE THEN ONE TEAM IN ANY ONE AGE DIVISION EXCEPT THE GOALIE WHEN APPROVED BY TAB RAMOS SPORTS CENTER.**

**REGISTER BY MAIL OR AT:**

TAB RAMOS SPORTS CENTER

17 Blair Road

Aberdeen, NJ 07747

732-290-0003

Www.TabRamosSportsCenter.com