

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

Coaches

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

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

Email Address: \_\_\_\_\_

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

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

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

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

(Girls U8&9, Saturday, Boys U8-U14, Saturday, Girls U10-14, Sunday)

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