

EASTERN DISTRICT DIVISION ONE ASSOCIATION

EDDOA, P.O. Box 34370, Houston., TX. 77234



FALL SEASON TEAM REGISTRATION FORM

Team Name: _____

EDDOA Team#: _____ (returning teams ONLY)

Team is a : GIRLS BOYS U19 U18 U17 U16 U15 U14 U13

* check the box above the appropriate Sex and Age group for this team *

This is an U11 team and we would like to play: **8 v 8** **11 v 11** Circle one ONLY

This is an U12 team and we would like to play: **8 v 8** **11 v 11** Circle one ONLY

Coach: _____

Home (_____) _____

Address: _____

Work (_____) _____

City: _____ Zip: _____

Fax (_____) _____

Cell (_____) _____

Primary Email Address: _____

Secondary Email Address: _____

Manager: _____

Home (_____) _____

Address: _____

Work (_____) _____

City: _____ Zip: _____

Fax (_____) _____

Cell (_____) _____

Primary Email Address: _____

Secondary Email Address: _____

Send Mail to : Coach Manager circle one ONLY

Attached is a check for \$500 to be used as a team deposit for the above mentioned team in the up-coming EDDOA Fall Season.

I understand, that if the \$500 deposit is to guarantee the above team's intentions to play in the up-coming EDDOA Fall Season, and that if this team elects not to play, that no portion of the \$500 deposit will be refunded.

I also understand that if accepted into EDDOA that the \$500 deposit will be applied to any additional fees charged to the team (eg., player registration, game fees, etc.)

I, the undersigned am a duly authorized representative of the above listed team and have read and agree to the above terms.

Signature of Team Representative _____ Date: _____