



Hub City Soccer Winter Invitational Adult Tournament
Team Registration Form

Team Name _____
Team Manager/Contact Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____

*By registering for this event, I understand that all participants must be at least 18 years of age, and that all participants will be required to sign a waiver of liability prior to participating

Name _____ Date _____

****SIGNATURE REQUIRED BEFORE REGISTRATION CAN BE PROCESSED****

Registration Fee: \$275 per team

****CREDIT CARD Information: If paying by credit card please fill out section below:****

Name on Credit Card: _____ Signature: _____

Credit Card Number: _____ Exp. Date _____ 3-digit code: _____

Mail Completed forms and fees to:

*****Hub City Soccer PO Box 584 Aberdeen SD 57402-0584*****