



2017 Legends Classic
Team Registration Form
June, 2017

REGISTRATION DEADLINE: TBD

Team Name:

Home City:

State:

Age Division: (Please circle one of the following) 9U 10U 11U 12U 13U 14U 16U 18U

Team Contact Name:

Cell Phone:

Email:

Head Coach Name:

Phone:

Email:

Assistant Coach Name:

Team Facebook:

Assistant Coach Name:

Team Twitter:

Assistant Coach Name:

Team Instagram:

Hotel Accommodations:

**TEAMS MUST STAY AT HISTORIC DODGERTOWN VILLAS OR PARTNER HOTEL(S) TO BE ELIGIBLE TO PARTICIPATE IN TOURNAMENT. IF A TEAM PLANS TO COMMUTE FROM HOME EACH DAY, YOU CAN PUT "COMMUTING". PLEASE CONTACT 772-257-8442 FOR QUESTIONS.*

Hotel Name:

City

State

**Check or money order (Made Payable to Verotown LLC)*

**Credit Card AMEX Visa Mastercard Discover*

CC#

Exp. Date: ___/___

Security Code:

Amount:

Street Address:

City:

State:

Zip Code:

I hereby authorize Historic Dodgertown - Vero Beach, Florida to charge my credit card that I have listed above. I understand that once my team is booked there will be no refunds issued. I understand that Historic Dodger town reserves the right to combine age divisions in the event that an age division is cancelled due to an insufficient number of teams. I understand that in order to fill out this application, I must be 18 years of age or older. By entering your name below, you are certifying that you meet the age restriction.

Card Holder:

Signature: