**2023 ERIE SPORTS CENTER INDOOR ROUND ROBIN SCRIMMAGES**

**TEAM NAME:**

**TEAM AGE GROUP: 8U 9U 10U 11U 12U 14U select one**

**CIRCLE WHICH DAY: 4/15 4/29 5/6 5/13**

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| First Name | Last Name | NUMBER | AGE | BIRTH DATE |
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Manager’s Name:

Manager’s Contact Number:

Team Rep. Email Address:

Coaches Name (if different):

Coaches Contact Number:

Alternate Emergency Contact:

Alternate Emergency Number:

NOTE: THE TEAM REGISTRATION AND WAIVER MUST BE COMPLETED ONLINE OR YOUR TEAM WILL NOT BE ALLOWED TO TAKE THE FIELD

**$200 PAYMENTS:**

Venmo to @stacey-godel OR Mail check for $200 to:

Attn: Chris Godel

Erie Sports Center

8161 Oliver Rd.

Erie, Pa. 16509

**Make the CHECK out to Erie Sports Center. WRITE your TEAM NAME AND AGE GROUP in the memo.**