



Winter 2009-2010 Registration Form

Print this form. Please mail the signed, completed form with **full payment** to: **BucksMont Indoor Sports Center, 2278 North Penn Road, Hatfield, PA 19440**

<input type="checkbox"/> Team Registration (Please send in your team's roster form. Roster forms are available at www.bucksmontisc.com)			
Coach/Captain:		Team Name:	
Street:			
City/State/Zip:		Phone #:	
Date of Birth:	Team: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail:	

<input type="checkbox"/> Individual Registration (House Teams or Instructional Programs)			
Player's Name:		Parent's Name:	
Street:			
City/State/Zip:		Phone #:	
Player's Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Parent's E-mail:	

Mark your SELECTION(S) for the desired sport(s) and CIRCLE the correct age division!

Winter 1 or Winter 2

Soccer (U8/U9, U10, U11, U12, U13, U14, JV, Varsity, & Adult Open, O35, Co-ed)	Team	\$895	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>
Adult Women's Instructional Soccer	N/A	----		Individual	\$80	<input type="checkbox"/>
Lacrosse (3 rd /4 th , 5 th /6 th , 7 th /8 th , & High School)	Team	\$1,150	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>
Men's Adult Lacrosse	Team	\$1,050	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>
High School Field Hockey	Team	\$950	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>
Youth Instructional Field Hockey Program (2 nd -4 th , 5 th /6 th , 7 th /8 th)	N/A	----		Individual	\$125	<input type="checkbox"/>
Adult Co-Ed Volleyball	Team	\$350	<input type="checkbox"/>	Individual	\$50	<input type="checkbox"/>
Men's Adult Basketball	Team	\$375	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>
Adult Flag Football	Team	\$895	<input type="checkbox"/>	Individual	\$100	<input type="checkbox"/>

A \$200 minimum deposit required for team fees. Also please remember that all players must have a valid BISC annual membership (\$30/individual or \$80/family). Coaches are not required to have the membership.

Please Select Payment Method Cash or Check payable to BucksMont Indoor Sports Center		
<u>Credit Card (circle):</u> Visa, Mastercard, American Express	Card Number:	Expiration Date: ____/____/____
Cardholder's Name:	Cardholder's Signature:	Charge Amount: \$_____
Print Name:	Date:	
Signature of Parent or Guardian:	E-mail Address:	

Questions? Email us at info@bucksmontisc.com or give us a call at (215)-996-1740