

2016 - 2017 Team Registration Form for Leagues & Tournaments at Game Time Gym II

This form must accompany Individual Registration forms for everyone on your team. All forms are to be turned in as a group at the same time. We will not accept incomplete forms. PLEASE INCLUDE ONE CHECK FOR THE WHOLE TEAM. NO individual checks will be accepted.

All Leagues - Coaches Indicate the Session and League you are registering for.

LATE FEE OF \$5/INDIVIDUAL or \$50/TEAM WILL BE ENFORCED

League (Circle the gender and indicate the Age Group in the space provided.)

Soccer: Boys / Girls **Basketball:** Boys / Girls **Flag Football**

Age Group

Age Group

Age Group

Session (please circle) **1** **2** **3** **4** **Tournament Date:** _____

Team Info - Please Include Individual Registration Forms With This Form (For Leagues Only)

TEAM NAME

TEAM COACH

TELEPHONE Home Work Cell

ADDRESS City State Zip

EMAIL ADDRESS

Team Members

PLAYER'S NAME: (please print)

**JERSEY SIZE
(FOR LEAGUES ONLY)**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

Make check payable to Game Time Gym II and mail to: 404 Olympia Dr. Bloomington, IL 61704
There is a \$25 service charge assessed on all checks returned with insufficient funds.

For office use only: Amt. Pd \$ _____ Check # _____ Date _____ Pymnt Type _____