



Please fill out the application below. Failure to pay in full prior to the start of the first game will result in a forfeit. Teams will not be permitted to play again until full payment has been received. Mail the completed application below and payment to Trumbull Sports Zone, LLC, 29 Trefoil Drive, Trumbull, CT 06611. If paying by check or money order, please make payable to **The Sports Zone**. Team fee is \$625.00 for the "boarded size" field. Team roster, waivers and balance are due prior to the season start date (**No Exceptions**). Please note that teams are placed in leagues on a space available basis, in the order in which they are registered and paid. A \$200.00 non refundable deposit is due at the time teams register.

2009 Adult Dodgeball League (6v6) - Team Application

Club/Team Name: _____	
Uniform Color: _____	
Team Representative: _____	Date of Birth: _____
Street Address: _____	
City: _____	
State: _____	
Zip Code: _____	
Home Phone: _____	
Work Phone: _____	
Cell Phone: _____	
E-mail: _____	
Fax: _____	
Coach's Name: _____	
Coach's Phone: _____	

Season Information

Season (8 games each): Spring (4/23/09) Summer & Winter (Dates TBD)
Please Note: Games will be played on Thurs days between 7pm – 11pm.
 League/Division : Adult (Teams may be Coed, Men's, or Women's) (All players must be 18 years of age or older.)
 Comments: _____

If paying by credit card it will be necessary to come to The Sports Zone in order to swipe your card.

Billing Information

Visa/MasterCard (circle one): # _____ Expires (Mo. & Yr.): _____
 Amount: \$ _____
 Cardholder Name: _____

If paying by check or money order, please make payable to The Sports Zone, and mail payment with completed application.

Office Use Only:

Received Amount (circle one) Y N Enter Initials _____
 Payment: Check/MO# _____ MC/VISA _____ Cash _____
 Notes: _____