



OFFENSE-DEFENSE LEAGUE CHAMPIONSHIP TEAM INTENT / REGISTRATION

Team completed registration form may be submitted by fax to 843-903-2749 or e-mailing it to info@o-d.com by February 1, 2020. This registration may also be completed online at o-d.com.

Team Name: _____ Age Group(s): _____

Number of Players: _____ (Please Submit Roster with Registration)

City: _____ State: _____

Point of Contact: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

CREDIT CARD PAYMENT INFO: \$250.00 (per team)

Card Holders Name: _____ Credit Card #: _____

Expiration Date: _____ / _____ CV2 Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Amount to Charge: \$ _____

By signing this document, you agree to pay the registration fee amount listed above and accept that there are no refunds or transfer of fees if you cancel your registration.

OFFENSE-DEFENSE SPORTS 309 BUSH DRIVE, MYRTLE BEACH, SC 29579



Team Roster

Team Name: _____

Players

	First Name	Last Name	Age	Parent Name	Parent Phone #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Coaches

	First Name	Last Name	D/O/B	E-Mail Address	Phone #
1					
2					
3					
4					
5					