



OFFENSE-DEFENSE YOUTH TEAM TOURNAMENT TEAM INTENT / REGISTRATION

Team completed registration form may be submitted by fax to 843-903-2749 or e-mailing it to michele@o-d.com. 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:

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 as you indicated and accept that there are no refunds or transfer of fees if you cancel your registration within 30-days of the event.

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



Team Roster

Team Name: _____

Age Group: _____

Players

	First Name	Last Name	DoB	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	Position	E-Mail Address	Phone #
1					
2					
3					
4					
5					