

MONMOUTH OCEAN SOCCER ASSOCIATION CLUB REGISTRATION FORM - FALL 2011

CLUB NAME:		CLUB COLORS
PRESIDENT:		Shirt _____ Shorts _____
Street		
Town		Zip Code
Home Phone		E-Mail
Work Phone		Cell Phone Fax

MOSA REP.		
Street		
Town		Zip Code
Home Phone		E-Mail
Work Phone		Cell Phone Fax

CLUB'S WEB ADMINISTRATOR	Name	E-Mail
	Home Phone	Work Phone

Teams	PAYMENT SUMMARY					
Age Groups	Boys	Girls	Summary	Totals	Fees	Total Due
U9-U10			Number of Boys Teams		\$75.00	\$
U11-U19			Number of Girls Teams		\$75.00	\$
			Total Teams Registered		\$75.00	\$
PASSPKG			SMALL SIDED		\$110.00	\$
PASS PKG			FULL SIDED U11-U16		\$145.00	\$
PASS PKG			22 PASS PKG U17-U19		\$175.00	\$
FINES			PAST DUE FINES			\$
			Late Assessment Fees		\$25.00	
Totals			TOTAL SUBMITTED			\$

Field Coordinator			
Home Phone	Work Phone	Fax	E-Mail

Referee Coordinator			
Home Phone	Work Phone	Fax	E-Mail

I have reviewed the above information and verify that every statement is true and correct in regards to this team. I understand that this form may be returned to my club if incomplete or inaccurate. In this case my club may be subject to late fee assessments.

CLUB PRESIDENT/MOSA REP. SIGNATURE **Title** **Date**