



EASTERN DISTRICT DIVISION ONE ASSOCIATION

PO Box 34370 – Houston, TX 77234
Phone: 281-484-4719 * Fax: 281-481-0620 * Email: eddoa@eddoa.org

FALL SEASON TEAM REGISTRATION FORM

Boys: U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18 U-19
Will play as _____ circle one
Girls: U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18 U-19

Previous Season Team Code: _____ - _____ - _____

Team Name: _____

Club Affiliation: _____ if no club affiliations write "Independent".

Manager's Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ Mobil: _____

Zip Code: _____ Email: _____

Coach's Name: _____ Home Phone: _____

Manager's Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ Zip Code: _____

Email: _____ Fax: _____

Main Contact: Coach Manager ← circle one ONLY

Enclosed is a check for \$500 to be used as a team deposit for the above mentioned team in the up-coming EDDOA Fall Season.

I understand that if the \$500 deposit is to guarantee the above team's intentions to play in the up-coming EDDOA Fall Season, and that if this team elects not to play, that no portion of the \$500 deposit will be refunded unless your team is found to be ineligible (Not Qualified) to play with EDDOA at which time a either your check or a refund check from EDDOA for the full amount will be sent to you.

I also understand that if accepted into EDDOA that the \$500 deposit will be applied to any additional fees charged to the team (e.g., player registration, game fees, performance bond, etc.)

I, the undersigned am a duly authorized representative of the above listed team and have read and agree to the above terms.

Signature of Team Representative _____ Date: _____