



Team Registration Form

Team Name: _____

Contact Person (Manager): _____ Gender _____

Email Address: _____ DOB _____

Phone #: _____ (home) _____ (cell)

Address: _____

Alternate Team Contact: _____ Phone # _____

Season (circle): Fall Winter Spring Summer

League (circle): Men Women Coed Open Coed 30+ Youth Hi-Comp Youth Rec

Dates of Conflict(3 max.): _____

Player Roster (Note: Each Player must currently have or will need to sign up for a Cabernet Indoor Sports Annual Membership)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment Information for \$200.00 deposit of Team League Fee

Payment Type: VISA MC AMX Check # _____ Cash _____

Card # _____ Exp _____ Authorization Code _____

Please fill out form and fax or mail with payment (deposit) to: Cabernet Indoor Sports
6474 Patterson Pass Road
Livermore, CA 94550
925-455-8301 (fax)