



Please fill out the application below. Failure to pay in full prior to the start of the first game will result in a forfeit. Teams will not be permitted to play again until full payment has been received. Mail the completed application below and payment to Trumbull Sports Zone, LLC, 29 Trefoil Drive, Trumbull, CT 06611. If paying by check or money order, please make payable to **The Sports Zone**. Team fee is \$700.00 for the "boarded size" field. Team roster, waivers and balance are due prior to the season start date (**No Exceptions**). Please note that teams are placed in leagues on a space available basis, in the order in which they are registered and paid. A \$200.00 non refundable deposit is due at the time teams register.

Adult Dodgeball League (6v6) - Team Application

Club/Team Name: _____
Uniform Color: _____
Team Representative: _____ Date of Birth: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____
Fax: _____
Coach's Name: _____
Coach's Phone: _____

Season Information

Season (8 games each): Fall- Dates TBD Winter 1 & 2 (Dates TBD)

Please Note:

League/Division : Adult (Teams may be Coed, Men's, or Women's) (All players must be 18 years of age or older.)
Or HIGH SCHOOL age group. (circle Adult or HS and indicate if team is to be coed)

Comments: _____

If paying by credit card it will be necessary to come to The Sports Zone in order to swipe your card.

Billing Information

Visa/MasterCard (circle one): # _____ Expires (Mo. & Yr.): _____

Amount: \$ _____

Cardholder Name: _____

If paying by check or money order, please make payable to The Sports Zone, and mail payment with completed application.

Office Use Only:

Received Amount (circle one) Y/N Enter Initials _____
Payment: Check/MO# _____ MC/VISA _____ Cash _____

Notes: _____