


# AFRIM'S SPORTS

## Halloween Tournament

Team Name	<input type="text"/>	Level	<input type="text"/>
Managers Name	<input type="text"/>	Ref #	<input type="text"/>
Coaches Name	<input type="text"/>	Age Group	<input type="text"/>
Home Phone Number	<input type="text"/>		
Cell Phone Number	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>		
Zip	<input type="text"/>		
Managers Email Address	<input type="text"/>		
Credit Card Name	<input type="text"/>	Amount Paid	<input type="text"/>
Credit Card Number	<input type="text"/>	Expiration Date	<input type="text"/>
_____ Manager/Coach Name (Printed)		_____ Date	
_____ Manager/Coach Signature			

Applications and Full payment are due no later than the week before the tournament.  
Mail the complete application and payment to Afrim Sports 636 Albany-Shaker Road, Albany, NY 12211.  
If paying by check or money order, please make check payable to Afrim Sports.

Call **518.438.3131** / Fax **518.438.4422** / E-mail **[www.afrimsports@hotmail.com](mailto:www.afrimsports@hotmail.com)**

Date	<input type="text"/>	Session	<input type="text"/>
Team Name	<input type="text"/>	Club	<input type="text"/>
Team Contact	<input type="text"/>	Actual Age Group	<input type="text"/>
Home Phone Number	<input type="text"/>	Requested League	<input type="text"/>
Work Phone Number	<input type="text"/>	Requested Level	<input type="text"/>
Cell Phone Number	<input type="text"/>	Date of Birth	<input type="text"/>
Street	<input type="text"/>	Email Address	<input type="text"/>
City	<input type="text"/>	Zip	<input type="text"/>

Credit Card Name	<input type="text"/>	Amount Paid	<input type="text"/>
Credit Card Number	<input type="text"/>	Expiration Date	<input type="text"/>

Comments / Requests

## Registration