



Team Registration Form 2014

What: The 8th Annual Deaf Indoor Soccer Amistad Tournament

When: Friday November 7 & Saturday, November 8, 2014

Who: 6 - 8 Men's Teams / 3 - 4 Women's Team

Where: Soccerdome, 7330 Montevideo Road

Jessup, MD 20794

<http://www.soccerdome.com>

Date: _____

Team Name: _____ In What State: _____ (please write)

Team Contact Name & Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Pager number: _____

Videophone number: _____ (please write)

Team uniform primary color: _____

Team uniform alternate color: _____

Payment Deadline due (check one)

\$450.00 September 15th

\$500.00 October 15th

\$600.00 November 1st

Please mail Team Entry Fee (checks or money order made payable to "LDHAMDC") and Team Registration Form to:

LDHAMDC

P.O. Box 91515

Washington, DC 20090

If you are unable to make a payment in full before any of the deadline due. Please contact us ASAP so we can help and make an agreement. Avoid paying late fee. Just contact us at futbol@ldhamdc.org

For more information or question, please feel free to contact us at futbol@ldhamdc.org. If you want to set up a VP meeting, just email us in order to make a time and date.

<http://www.ldhamdc.org/futbol.html>