

Bridgewater Sports Complex "The Dome"

350 Bedford St., Bridgewater, Ma. 02324 - Phone # (508) 697-8318 - Fax # (508) 697-5815

FIELD HOCKEY TEAM APPLICATION 2007-2008

Thank you for selecting the Bridgewater Dome for your indoor experience.

TEAM NAME: _____

Coach: _____ E-mail: _____

Address: _____ Home Tel: _____

Town: _____ Business Tel: _____

State: _____ Zip: _____

Asst.Coach/Manager: _____ E-mail: _____

Address: _____ Home Tel: _____

Business Tel: _____

check off appropriate box for league and session desired

FIELD HOCKEY	xxxxxx	MID SCH		NA			
\$825 / SESSION	xxxxxx	HS		DIV I	SESSION I	<input type="checkbox"/>	NOV - JAN
7 GAMES WITH TOP %50	xxxxxx	HS		DIV II	SESSION II	<input type="checkbox"/>	JAN - FEB
ADVANCING TO PLAYOFFS	xxxxxx	WOMENS		NA	SESSION III	<input type="checkbox"/>	MAR - MAY

The DOME staff will have the final say as to placement of all teams.

\$200 deposit must accompany this application

OFFICE USE ONLY:	DATE	AMOUNT PD	DUE
CHECK #			
CASH			
CREDIT CARD			

**We will require a completed roster and player identification for ALL leagues.
Middle school & high school players need a medical waiver form on file.**