

Kozak Sports Center

2005 League Registration

Town / State: _____

Club / Team: _____

Age / Gender Groupings: (check one)

Age Dates

- U9 Boys
- U10 Boys
- U11 Boys
- U12 Boys
- U13 Boys
- U14 Boys
- U15 Boys
- U16 Boys
- U17 Boys
- U19 Boys / HS
- Mens Open

August 1, 1995 - July 31, 1996
August 1, 1994 - July 31, 1995
August 1, 1993 - July 31, 1994
August 1, 1992 - July 31, 1993
August 1, 1991 - July 31, 1992
August 1, 1990 - July 31, 1991
August 1, 1989 - July 31, 1990
August 1, 1988 - July 31, 1989
August 1, 1987 - July 31, 1988
August 1, 1986 - July 31, 1987

- U9 Girls
- U10 Girls
- U11 Girls
- U12 Girls
- U13 Girls
- U14 Girls
- U15 Girls
- U16 Girls
- U17 Girls
- U19 Girls / HS
- Womens Open

Event	Format	FEE	Date of Event / First Game of League
5v5 Futsal League	10 games / 45 min	\$950.00	Week of January 3, 2005
7v7 Soccer League	10 games / 45 min	\$1,175.00	Week of January 3, 2005

Coach: _____
Mgr/Contact: _____
Street: _____
City: _____
State and Zip: _____

Coach Phone: _____
Contact Nite Phone: _____
Contact Day Phone: _____
Contact Fax: _____
Contact E-mail: _____
Contact Cell Phone: _____

Player Passes / Insurance Covering Each Player?

Circle One:
YES / NO

Any Comments on level of play of team being entered:

Comments:

Coach / Manager Signature: (required) _____

Mail application with Check for Registration Fee, made payable to "Gene Kozak", and Send To:

GENE KOZAK
6 Middlebury Boulevard
Randolph, NJ 07869

Tel: 973-927-1894 or E-mail: info@kozaksports.com