



TEAM REGISTRATION/APPLICATION FORM

*This form must be returned prior to program deadline.

Geneva area Recreational, Educational, Athletic Trust

Please complete the registration form in its entirety. Failure to do so may result in a delay in your registration. A deposit or payment in full is required to complete the registration. All items marked with an asterisk (*) are mandatory.

REGISTRATION/APPLICATION

Team Name*: _____ Age Division*: _____ Team Gender*: Male Female Coed

Name of Affiliated League (If applicable): _____ Team Colors*: Color 1: _____ Color 2: _____

Team Contact*:

First Name*: _____ Last Name*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Primary Phone*: _____ Secondary Phone*: _____

E-mail*: _____

Team Coach:

First Name: _____ Last Name: _____

Primary Phone: _____ E-mail: _____

REGISTERING FOR: Program* _____ Cost* _____

PAYMENT OPTIONS

*****Currently GaREAT accepts Cash, Checks or Money Orders only.*****

Additional Payment options are being developed and will be available in the near future.

Please enclose a full non refundable payment or deposit with this application. Checks payable to: GaREAT -- P.O. Box 316, Geneva, Ohio 44041

Amount Enclosed: _____ Check One: Cash Money Order Check # _____

*****No refunds will be given after acceptance lists have been posted*****

Signature: _____ Date: _____

