



Ocean City Recreation and Parks
2021 St. Patrick's Indoor Soccer Tournaments
March 12-14 and March 26-28
 Team Entry Form (Please Print or Type)
 (Use a separate form for each entry)

Team Name: _____
 Jersey Color: _____ Alternate Jersey Color: _____

Check Division you wish to enter

March 12-March 14	March 26 – March 28
<input type="checkbox"/> Men's (18+)	<input type="checkbox"/> Co-Rec (18+)
<input type="checkbox"/> Women's (18+)	<input type="checkbox"/> Men's Over 30
	<input type="checkbox"/> Women's Over 30

Coach/Team Manager:

Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: (H): _____ (W): _____ (Cell): _____
 E-mail address: _____
 Name and location of your local club or league: _____
 Local Club or League website address: _____

I, _____ (coach or team representative) do hereby for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City, Ocean City Recreation and Parks, and its' agents and authorized representatives conducting the St. Patrick's Indoor Soccer Tournaments, as a result of any and all injuries incurred. In addition, I agree to abide by all decisions as rendered by official tournament staff, and will be responsible for the conduct demonstrated by all of my players, coaches, and spectators. I understand that actions by my team, coaches, and spectators may jeopardize my invitation to future tournaments hosted by the Ocean City Recreation and Parks Department. In addition I authorize the Town to take and use any photographic images of team members for promotional purposes.

Signed: _____ Date: _____

TEAM ENTRY FEE: \$400 non-refundable fee must accompany team entry form.

Entry Deadlines: February 19, 2021 Men's and Women's

March 5, 2021 Co-Rec and Over 30

Deadlines in effect unless tournament fills before date.

Ocean City Recreation & Parks
 Mail to: 200-125th Street, Ocean City, MD 21842
 Attn: St. Patrick's Soccer Tournament
 Checks Payable to: The Town of Ocean City

Email to: epinto@oceancitymd.gov
 Fax to: 410-250-5409

Credit Card: Type: _____ Card # _____ Exp. Date _____
 For Office Use Only: Paid: _____ Date: _____ Initials: _____