### **Step-by-Step Instructions REGISTER YOUR TEAM**

STEP 1

NOTE: SAMPLE SCREEN SHOTS ONLY; NOT EVENT SPECIFIC DATA



#### Welcome!

Tournament Dates: April 18-19, 2015

Location: Bel Air, MD NOTE: SAMPLE SCREEN SHOTS ONLY; NOT EVENT SPECIFIC DATA

Format: Showcase tournament with four (4) scheduled games per team

Weather Policy: Inclement weather is out of the control of the tournament directors, officials, and site managers. In the event of thunder and/or lightning, all games will be suspended for 20 minutes from the last occurrence. Games will resume at their regularly schedule times. Cancelled games may not be rescheduled. If weather disrupts scheduled games, Management has the authority to adjust the schedule as needed, including, shortening games, adjusting the schedule, etc. In the event of extreme weather, it is up to the tournament directors, officials, and the site managers as to whether the conditions are deemed safe to play on. All decisions final. No refunds will be issued for game cancellations, due to acts of God (i.e. rain, severe wind and/or thunder and lightning).

**House Teams:** The NFHCA is offering student-athletes not affiliated with a club program the opportunity to play on a "House" team. The registration fee will be \$100.00.

Divisions: 2016, 2017, 2018

Note: you must play in the division of the oldest player on your team, even if there is only one from that agegroup. NO EXCEPTIONS.

IMPORTANT: If you register for the wrong division and are required to change, it is important to note that that division may be full and you may be required to go onto the waitlist.

#### Coaches:

Register a team

Manage your team roster
 Pay team balance

Club Admins click here to register and pay for a team

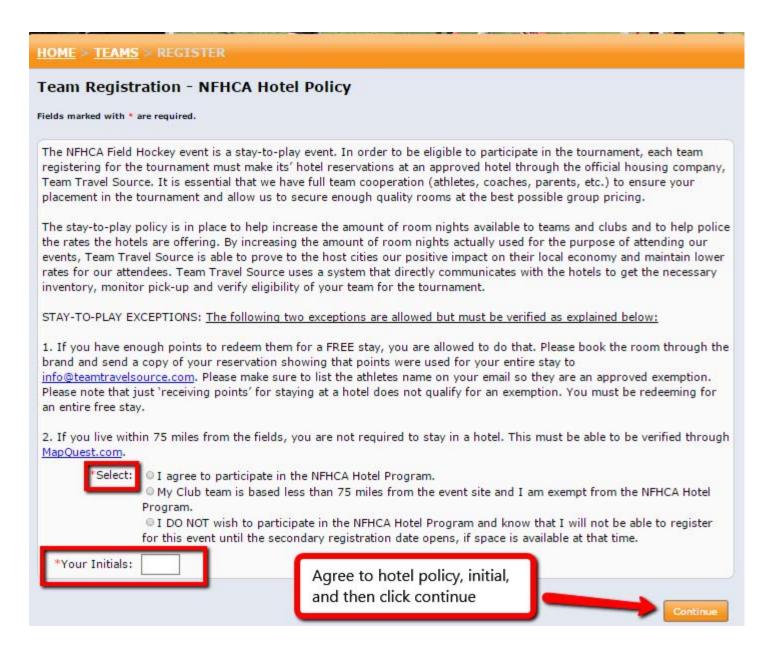
#### Players:

- Register
- REGISTER FOR THE HOUSE TEAM HERE

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STEP 2

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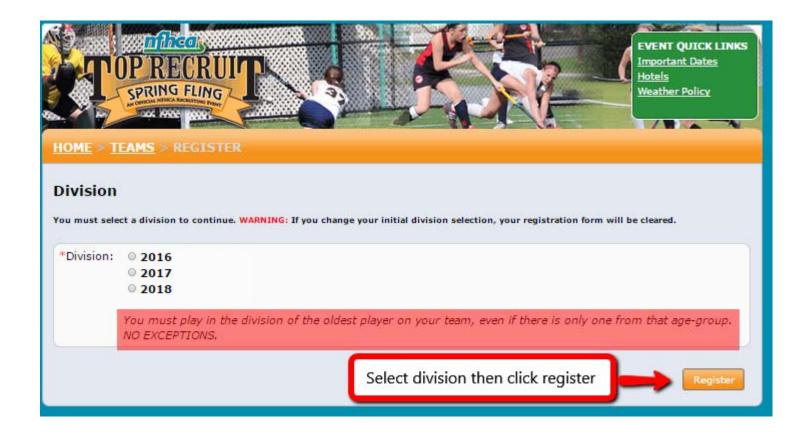


Teams must book a minimum of 8 room nights to meet the stay-to-play requirements.

## Step-by-Step Instructions REGISTER YOUR TEAM

STEP 3

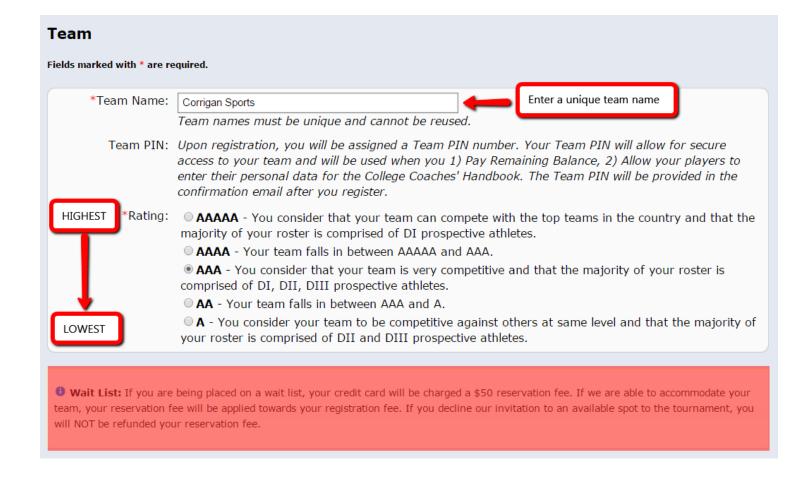
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STEP 4

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In order to help create the best matchups and showcase your student-athletes at their best, we ask that you rate your team according to this scale. You WILL NOT be benefitting your athletes by placing them in a division that does not meet their skill level. No one benefits from lopsided scores where one team is over matched.

# **Step-by-Step Instructions REGISTER YOUR TEAM**

STEP 5

NOTE: SAMPLE SCREEN SHOTS ONLY; NOT EVENT SPECIFIC DATA

Contact Information Fields marked with • are required.	Club Admin Cont	act Info				
*First Name: Chr	ristine	*Last Name:	Brus			
*Email: cus	tomerservice@corrigs	*Confirm Email:	customerservice@corrigs			
*Phone: (41	0)805-9381					
*Address: 672	25 Santa Barbara Ct					
*City: Elki	ridge					
*State/Province: M	▼	*Zip/Postal Code:	21075			
*Country: US	A					
Coach Fields marked with * are required.  Coach Contact Info & Coach Password						
*Coach Nam	e: Chis Tomlinson					
*Ema	il: christine@corrigansports.com	*Confirm Email:	christine@corrigansports.com			
*Phon	e: (410)805-9381 *require	d	Helpful for Clubs			
*Coach Password	d: testpassword		with multiple teams			
*Confirm Coach Password: testpassword						
The coach password will allow the coach to login and manage the team roster.  IMPORTANT: If you plan on registering additional teams and would like to manage all teams using one account, please make sure your Coach Password is identical for all teams. You must also ensure that the email address you provide as the coach e-mail is the same for each team. (The system will not allow you to create a duplicate password for a different email address).						
Please be sure to only give this password to the team coach!						

Club Admin information will self-populate in the payment section to save key strokes later.

# **Step-by-Step Instructions REGISTER YOUR TEAM**

STEP 6

NOTE: SAMPLE SCREEN SHOTS ONLY; NOT EVENT SPECIFIC DATA

Payment					
A NON-REFUNDABLE deposit is required to are required.	register, regar	less of division. The remaining balan	ce will be due by Ma	rch 03, 2015. Fields marked with *	
Total:					
Accepted Credit Cards:	VISA Master	Card AMEX DISCOVER			
*Name as it appears on card:	Chris Tomlinso	١			
Billing Address:	*Address:	6725 Santa Barbara *required			
	*City:	Elkridge *required			
	*State:	MD *required	*Zip Code: 210	*required	
	*Country:	USA *required			
*Credit Card Number: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
*CVV Security Code (what's this?):	*rec	uired			
*Exp Date:	month: 01	year: 2015 •			

A non-refundable \$600 deposit is required at time of registration.

## Step-by-Step Instructions REGISTER YOUR TEAM

STEP 7

6725 Santa E

Elkridae, MD

fieldhockeyhe

Event Director: Morgan Cook

Processing could take up to a

Do not click back on your browser!

By clicking Register, I confirm that there is no refund of my deposit should the team not participate in the event.

After clicking Register, please be patient as registration may take up to a few minutes.

NOTE: SAMPLE SCREEN SHOTS ONLY; NOT EVENT SPECIFIC DATA

