



4 on 4 "A" League
SUMMER LEAGUE
REGISTRATION
FARMERS BRANCH



(Please Print Clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ (Print Clearly)

TEAM NAME: _____

TEAM COORDINATORS NAME: _____

POSITION DESIRED: (CIRCLE :) GOALIE FORWARD DEFENSE

PAYMENT OPTIONS

Option 1 **TEAM PAYMENT IN FULL: \$1800 \$ _____**
Best Value!!!!
All Participating Players Paperwork Must Be Turned In Before The First Game!

Option 2 **INDIVIDUAL PAYMENT: \$209 \$ _____**
Due at Registration;

TOTAL ENCLOSED \$ _____

FORM OF PAYMENT: CASH \$ _____ CHECK # _____ CC # _____ EXP _____

SIGNATURE AUTHORIZING CHECK CASHED OR CC PAYMENT ON ABOVE DATES: _____

DATE RECEIVED ____/____/____ AMOUNT RCD: \$ _____ EMPLOYEE _____