

PLAYER NAME : _____

ADDRESS : _____

CITY : _____

STATE : _____

ZIP : _____

PHONE : _____

DATE OF BIRTH : ____ / ____ / ____

EMAIL : _____

Please indicate (x)

Session:

Week of:

* Practice Day

* will try to accommodate accordingly if possible

____ Fall September 6th thru October 30th ____ Wed ____ Thurs ____ Either

____ Winter A November 1st thru December 18th ____ Wed ____ Thurs ____ Either

____ Winter B January 3rd thru February 26th ____ Wed ____ Thurs ____ Either

____ Winter C February 28th thru April 23rd ____ Wed ____ Thurs ____ Either

T-Shirt Size ____ YL ____ AS ____ AM ____ AL ____ AXL

MAIL TO:
SAHLEN SPORTS PARK
7070 SENECA ST
ELMA NY 14059
ATTN: CHAMPION'S LEAGUE

PAYMENT TYPE : CHECK CASH CREDIT CARD

MC VISA DISCOVER

Credit Card Number : _____ Exp : ____ / ____