



Directions:

1. Print out this Form
2. Fill out this Form
3. Make check payable to Sahlen Sports Park
4. Mail check and registration form to:
Sahlen Sports Park
7070 Seneca Street
Elma, NY 14059
5. Once this registration form is received with payment a staff member will contact you.

**This form does not make
 your registration official
 All players must submit a
 Sahlen Sports Park waiver**

First Name: _____ **Last Name:** _____

Age: ____ **Date of Birth:** ___/___/___ **E-mail:** _____

Street Address: _____

City: _____ **ST:** _____ **Zip:** _____

Home Phone: ____ - ____ - ____ **Cell Phone:** ____ - ____ - ____

PROGRAM	
<input type="checkbox"/> Champions League (Age 4 ½ – 6) Circle Session: Fall Winter A Winter B Winter C Spring All sessions include practices & games	<input type="checkbox"/> Champions League (Age 6 – 13) Circle Session: Fall Winter A Winter B Winter C Spring All sessions include practices & games
<input type="checkbox"/> Summer Soccer Camp Circle Session: Week 1 Week 2 Week 3	

Payment: \$.
In Full

Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Flex Fit	
Card Number: _____	
Expiration: _____ / _____	
Name on card: _____	Signature: _____