



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

Registering For: Soccer Lacrosse Field Hockey Football Softball

Club Name: _____

Team Name: _____

Age Group: U____ Boys Girls

Contact: _____
(first name) (last name)

Street Address: _____

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

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

Email Address: _____

Deposit: \$.

Balance: \$.

Method of payment: Cash Check Mastercard Visa Discover Flex Fit

Card Number:

Expiration: /

Name on card: _____

Signature: _____