TEAM / INDIVIDUAL REGISTRATION FORM

I AM INTERESTED IN REGISTERING (Please Check one selection)

Team ☐ or I am interested as a Player ☐ to play in your league

TEAM REGISTRATION

NAME: _____

ADDRESS:

Street _____

City _____

State/Province _____

Zip / Postal Code _____

Phone # _____ Cell # _____

E-mail _____

(If Applicable)

TEAM NAME: _____

SPONSOR NAME: _____

SWEATER COLORS: _____

(Check with league convenors before ordering to ensure no conflict with other team uniforms)