

REGISTRATION FORM

Team Name _____ Coach _____

Grade/Division _____

Phone _____ Work _____

E-Mail _____

City _____ State _____

Roster:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Scheduling Requests: (we will do our best to honor requests)

PAYMENT: (make check payable to Joy of the Game)

Visa _____ Mastercard _____ Discover _____ Check _____

CC# _____ Exp _____

Name as it appears on card _____

Signature _____