

PROGRAM: _____ FEE _____
 DATE/TIME: FROM _____ (DATES) TO _____ BEGIN _____ (TIME) END _____ DAYS _____
 LOCATION: _____

PARTICIPANT/MANAGER LAST NAME _____ FIRST NAME _____ M.I. _____
 STREET NUMBER _____ DIR _____ STREET NAME _____ TYPE _____ APT / SUITE # _____
 CITY _____ STATE _____ ZIP CODE _____
 (____) _____ (____) _____ (____) _____
 HOME PHONE DAYTIME PHONE EXT CELL / PAGER / FAX (EMERGENCY)PHONE EXT
 ____/____/____

DATE OF BIRTH _____ TEAM NAME (FOR LEAGUES) _____

 E-mail Address _____

Name: _____ MC VISA DISC
 Credit Card #: _____ Expiration Date: _____
 Purchase Amount _____ Employee Initials _____ Date: ____/____/____

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DATE OF BIRTH _____ TEAM NAME _____
 _____ CA CK CC _____
 PAY AMOUNT TYPE E-Mail Address _____ DATE _____

Name: _____ MC VISA DISC
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For assistance with filling out this form, please call 913/895-6390.