



PLAYER REGISTRATION INFORMATION		
Name:	Age:	
Address:		
City:	State:	Zip:
Phone:	Email:	
Email:		
Emergency Contact: Name:	Emergency Contact: Phone:	

CLINIC DAYS—PLEASE CIRCLE DAYS YOU PLAN TO ATTEND EACH WEEK 4:30-6:30pm Monday-Thursday			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY

MONTHLY PAYMENT PLANS:

- 1 DAY PER WK \$165.00 per/month
- 2 DAYS PER WK \$265.00 per/month
- 3 DAYS PER WK \$350.00 per/month
- UNLIMITED DAYS \$375.00 per/month

Players must choose the days they prefer to come each week. Make up days can be used on any of the other open days per week. Program payments must be made in full for the year or choose the Auto Draft option for monthly payments

PAYMENT INFORMATION:

Name: _____ Total Days Per Week: _____
 Billing Address: _____
 Card Number: _____ Expiration: _____
 Security Code: _____ Signature: _____