

Spring League Registration Form

2018

Players Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

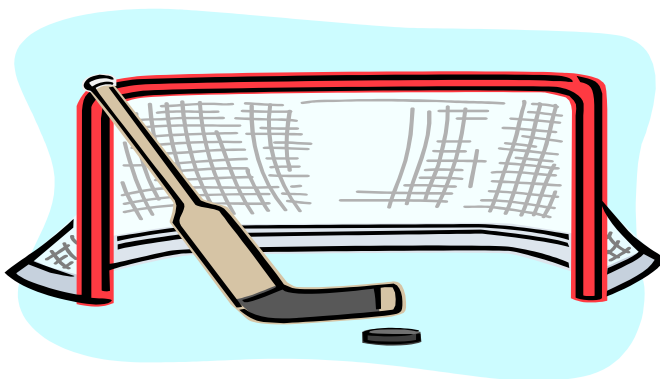
Date of Birth: _____

League Applying For:

Under 8 Under 10
Under 12 Under 14
U-16/U18 & High School

Parents Names: _____

E-Mail Address: _____



For Office Use Only:	
Credit Card: \$150.00	<input type="checkbox"/>
Check: \$150.00	<input type="checkbox"/>
Cash: \$150.00	<input type="checkbox"/>

Please make all checks out to: **Iceland Sports Complex**
For more information Please call (502) 425-7444
No Refunds or exchanges permitted