

Spring League Registration Form **2013**

Players Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

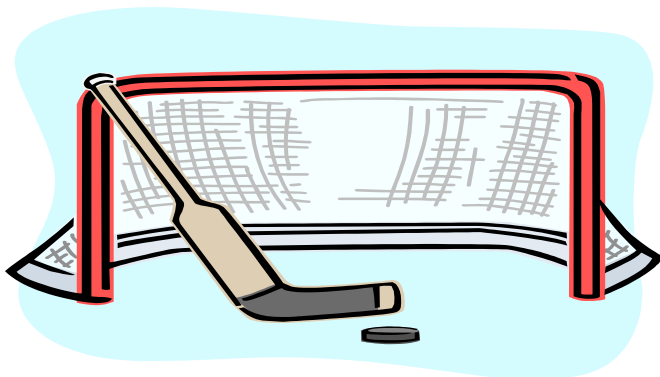
Date of Birth: _____

League Applying For:

*Learn to Play 2 Mite (05 & Younger) Squirt (03 & 04)
Pee Wee (01 & 02) Bantam (99 & 00)*

Parents Names: _____

E-Mail Address: _____



For Office Use Only:

Credit Card: \$140.00

Check: \$140.00

Cash: \$140.00

Please make all checks out to: **Iceland Sports Complex**

For more information Please call (502) 425-7444

No Refunds or exchanges permitted