

TEAM VEGAS

REGISTRATION FORM					
Date	Office use Only: Registration Paid	Online Billing	Сору	of Birth Certificate	☐ Email
PLAYER INFORMATION					
Player's Full Name:		D.O	.B./Age		Grade:
Address:	City:	Si	:ate:	Zip:	
Emergency Contact: (Name/Relation/Phone Numb					
Personalization for Back			Jersey Size:		
School:					
PARENT/GUARDIAN INFORMATION					
Parent/Guardian's Full Name:			Phone Number:		
Email Address:					
Parent/Guardian's Full Name: Pho			Phone	Number:	
Email Address:					
Registration fee \$250					
(Incudes practice jersey and backpack)					
			10		







Zelle

Credit Card & ACH

Annual

Billings Options:

- □ \$125 per month
- □ \$1500 per year (\$250 Registration Fee is waived)

Invoices will be sent on the 1st of each month



1 Player \$125



2 Players \$225



3 Players \$300

