

USA ELITE TRAINING, LLC
2015- 2016 High School 4 ON 4 LIVE HITTING LEAGUE REGISTRATION FORM

TEAM NAME: _____

ROSTER INFORMATION- PLAYER 1

NAME: _____ DOB: ____/____/____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____ ☐ My medical waiver completed & attached

METHOD OF PAYMENT ☐ Visa/MC/American Express ☐ Check Enclosed ☐ Cash
CC# _____ Exp Date _____ Signature _____
Amount Paid: ☐ Non-Member \$ 249 ☐ Member \$199 Staff Initials: _____ Date Pd: _____

ROSTER INFORMATION - PLAYER 2

NAME: _____ DOB: ____/____/____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____ ☐ My medical waiver is attached and completed

METHOD OF PAYMENT ☐ Visa/MC/American Express ☐ Check Enclosed ☐ Cash
CC# _____ Exp Date _____ Signature _____
Amount Paid: ☐ Non-Member \$249 ☐ Member \$199 Staff Initials: _____ Date Pd: _____

ROSTER INFORMATION - PLAYER 3

NAME: _____ DOB: ____/____/____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____ ☐ My medical waiver is attached and completed

METHOD OF PAYMENT ☐ Visa/MC/American Express ☐ Check Enclosed ☐ Cash
CC# _____ Exp Date _____ Signature _____
Amount Paid: ☐ Non-Member \$249 ☐ Member \$199 Staff Initials: _____ Date Pd: _____

: **ROSTER INFORMATION - PLAYER 4**

NAME: _____ DOB: ____/____/____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____ ☐ My medical waiver is attached and completed

METHOD OF PAYMENT ☐ Visa/MC/American Express ☐ Check Enclosed ☐ Cash
CC# _____ Exp Date _____ Signature _____
Amount Paid: ☐ Non-Member \$249 ☐ Member \$199 Staff Initials: _____ Date Pd: _____

SCHEDULE REQUIREMENTS:

Send Registration to: USA Elite Training, LLC, 280 Schoolhouse Rd Cheshire, CT 06410
Email: jen@usaelitetraining.com or www.usaelitetraining.com Phone: (203)439-0565
*****USA Elite will do our best to accommodate scheduling; however we can not guarantee all requests will be met.***