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

TEAM NAME:

SCHEDULE REQUIREMENTS:

NIAME.	ROSTER INFORMATION		
ADDRESS:	CITY:	STATE:	ZIP CODE: _
E-MAIL ADDRESS:		☐ My medical wa	iver completed & attach
CC#	□ Visa/MC/American Express □ Exp Date	Signature	
	er \$ 249 Member \$199 Sta		
	ROSTER INFORMATION		
NAME:	<u>DOB:</u> //_	_ PHONE #:	
ADDRESS:	CITY:	STATE: _	ZIP CODE:
E-MAIL ADDRESS:		medical waiver is at	tached and completed
	□ Visa/MC/American Express □ Exp Date		
Amount Paid: Non-Memb	er \$249 Member \$199 St.	aff Initials: l	Date Pd:
	ROSTER INFORMATION		
NAME:	<u>DOB:</u> //	_ PHONE #:	
ADDRESS:	CITY:	STATE: _	ZIP CODE:
E-MAIL ADDRESS:		medical waiver is at	tached and completed
METHOD OF PAYMENT CC#	□ Visa/MC/American Express □ Exp Date	Check Enclosed Signature	□ Cash
	er \$249 Member \$199 St	aff Initials: l	Date Pd:
Amount Paid: Non-Memb			
Amount Paid: Non-Memb	:ROSTER INFORMATI	ON - PLAYER 4	
Amount Paid: Non-Memb	:ROSTER INFORMATI 		
Amount Paid: Non-Memb		_ PHONE #:	
Amount Paid: Non-Memb NAME: ADDRESS:	<u>DOB:</u> //	PHONE #: STATE: _	
Amount Paid: Non-Memb NAME: ADDRESS: E-MAIL ADDRESS: METHOD OF PAYMENT	<u>DOB:</u> //	PHONE #:STATE: _ medical waiver is at Check Enclosed	ZIP CODE: tached and completed

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.