



Adult Registration Form

Name: _____

Address Street: _____

Town: _____ State/County: _____ Zip/Postal Code: _____

Phone: _____ Alt. _____

Email: _____

Emergency Contact: _____ Phone: _____

PAYMENT Adult League

\$10.00 per day _____ \$92.00 X 12 WEEKS _____ \$525.00 per team _____

Cash _____

Check Payable to HPVBA check # _____

Credit Card Visa _____ Cardholder Name _____
 Master Card _____ Card # _____
 Amex _____ Exp. Date _____ Code _____

Signature _____ Date _____