

**USA ELITE TRAINING, LLC**  
**2011- 2012 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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: **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: \_\_\_\_\_

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**SCHEDULE REQUIREMENTS:**

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**Send Registration to: USA Elite Training, LLC, 45R Ozick Rd, Unit 16 Durham, CT 06442**  
**Email: [jen@usaelitetraining.com](mailto:jen@usaelitetraining.com) or [www.usaelitetraining.com](http://www.usaelitetraining.com) Phone: (860) 349-1771**