

USA ELITE TRAINING, LLC
4 ON 4 LIVE JR 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 \$ 125 Member \$100 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 \$125 Member \$100 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 \$125 Member \$100 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 \$125 Member \$100 Staff Initials: _____ Date Pd: _____

SCHEDULE REQUIREMENTS:

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