

USA ELITE TRAINING, LLC
2016- 2017 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.**