

Registration Form for 2018 FALL SHOWCASE TEAM
Maine Thunder

Player Name: _____ D.O.B: _____ Age: _____

Players shirt size (women's): Short & Long sleeve: _____ Yr in school (Sept 2018) : _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent's Cell: Dad: _____ Mom's Cell: _____

Email: _____

Additional E-mail(s): _____

Player Positions:(in order please - don't have to put 3 positions down if she doesn't play 3 positions)

1. _____ 2. _____ 3. _____

Total Amount: \$595.00 [paid 2 installments on registration (\$300) & Sept 15th (\$250) of 2018]

Check #: _____ (please make CK out to EDGE ACADEMY-mark players name on bottom left of check)

Credit Card # _____ Exp: _____ Code: _____

Can the credit card # above be run for the additional payment in Sept 2018? YES NO

Signature: _____