



## Registration Form

Flyer Reference Number: \_\_\_\_\_

### Player/ Contact Information:

Sport/ Program: \_\_\_\_\_ Session (if applicable): \_\_\_\_\_  
Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Father's Contact Information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Contact Information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Payment Information:

Once payment is made it is non-refundable

(Please mark one) Credit Card: \_\_\_\_\_ \*Check: \_\_\_\_\_ Cash: \_\_\_\_\_

\*if applies there will be a \$30 penalty expected for any checks that are returned.

Credit Card: Amex: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_ Disc: \_\_\_\_\_

(Please mark one)

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security # (3 digits on back of card): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Driver's License # \_\_\_\_\_

(provide only if paying by check)

By signing above, I agree to the terms of full, non-refundable, payment of \$ \_\_\_\_\_ on the credit card provided above.

**Make Checks Payable to: Ultimate Sports America, LLC.**

**Mail to:** Ultimate Sports America, 12 Wright Way, Oakland, NJ 07436 or

**Register by phone:** (201) 644-0372 or **Fax:** (201) 644-0377

### For more information:

Visit our Website at [www.ultimatesportsamerica.com](http://www.ultimatesportsamerica.com)

Or email us at [info@ultimatesportsamerica.com](mailto:info@ultimatesportsamerica.com)