



Team Registration Form
Flyer Reference Number: _____

Team/ Contact Information:

Sport/ Program: _____ Session (if applicable): _____
Team Name _____ Team Leader/Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____

Number of Players Registering on Team: _____ Team Color: choice 1: _____ choice 2: _____

Pick (2) * if more than one team picks the same color – first team to hand in registration will get that color. *All teams will be notified upon registration on team color.

Payment Information: * please have all money collected to pay as a team.

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: _____

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

Or email us at info@ultimatesportsamerica.com