



REGISTRATION FORM

NAME OF PLAYER: _____
FIRST LAST

PARENT (S) NAME: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE # _____
MAIN CONTACT # HOME # ALT #

EMAIL: _____ (MUST HAVE EMAIL)

2011-2012 SCHOOL: _____ 2011-2012 GRADE: _____

AGE: _____ D.O.B.: _____ GENDER: _____

DO YOU RECEIVE TEXT MESSAGES? _____ IF YES, TO WHAT #: _____

IS YOUR CHILD ALREADY A MEMBER OF THE YMCA? YES NO

BREAKDOWN OF FEES:

CLUB DUES: \$110/MONTH

YMCA MEMBERSHIP/INSURANCE: \$15/MONTH

LEAGUE FEE: \$65/SESSION

PRACTICE UNIFORM: \$30 (ONE TIME FEE)

GAME UNIFORM: \$80 (ONE TIME FEE)

PAYMENT IS DUE AT TIME OF REGISTRATION

Registration Fee: \$140 (1 month club dues & practice uniform) beginning _____

TOTAL PAID: \$ _____

PLEASE MAKE CHECKS PAYABLE TO:

“VEGAS ELITE BASKETBALL CLUB”

CASH

CHECK #: _____

CREDIT CARD