



MAIL TO:

**Boys of Summer
2886 Eldon Dr.
Uniontown, OH 44685**

REGISTRATION FORM

Please type in information below before printing
Simply click your mouse in the boxes and type in your information

***PRINT, SIGN & send with CHECK**
(payable to Boys of Summer)

Age Group: 10 11 12 13 14(54/80) 14(60/90)
(Check One)

Division: Major AAA
(Check one)

Team Name: _____

Managers Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____

E-Mail: _____ **Fax:** _____

I have read and agree to abide by the rules and policies set forth for the Memorial Day Classic Tournament, hosted by Boys of Summer Athletic Club.

Manager's Signature: _____ **Date:** _____

A physical signature is needed here, please print and sign

Team Insurance Company: _____ **Policy #** _____

(You can register without insurance but proof of insurance must be sent to us NO LATER THAN April, 30)

This PDF file is made so that you can click and type in the fields above, please type information, print, then sign.