



3 x 3 League

Player Application



Name: _____ DOB: _____

Address: _____

City

State

ZIP Code

Phone: _____ Email _____

2018-19 Team: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

GOALIES 50% OFF

ALL SKATERS \$195

Division Applying For (Please Circle)

8U DEVELOPMENTAL/INTERMEDIATE (Birth Years 2015-2011)

10U SQUIRT & ADVANCED 2011 (Birth Years 2011-2009)

13U LEVEL (Birth years 2008-2006)

*****PLEASE E-MAIL COMPLETED APPLICATION TO SKOPINSKIM@YAHOO.COM**

Method of Payment (Please Circle)

Check # _____ Cash Visa/MC/AMEX/DISC

CC# _____

Exp. Date _____

Security Code _____