



## Club1 League Check Payment Form

Team Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender  M  or  F

League Location  NI   NW   NE   NC   FW  League Session  Pre   Regular   Post

Coaches Name \_\_\_\_\_ Coaches Email \_\_\_\_\_

Coaches Cell \_\_\_\_\_

High School Program \_\_\_\_\_ High School Coaches Name \_\_\_\_\_

High School Coaches Email \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_

Please make check payable to Club1 and mail with this form to:

Club1  
8410 Legends Parkway  
Fort Wayne, IN 46835