



Directions:

1. Print out this form
2. Complete the form
3. Make check payable to **Rival Sports LLC**
4. Mail check and registration to:
2101 Brad Friedel's Future Stars
Lorain, Ohio 44053
5. Once this registration form is received with payment a staff member will contact you.

Registering for: 11 v 11 8 v 8

Club Name: _____

Team Name: _____

Age Group: U _____ Boys Girls

Contact: _____ (First Name) _____ (Last Name)

Street Address: _____

City: _____, State: _____ Zip: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

Email Address: _____

Payment	
Number of Teams	_____ x \$100 per team deposit = \$_____ **Due October 26,2009
Remainder	\$ _____
Balance	\$ _____ **Due October 126 2009

This form does not make your registration official. All players must submit a Rival Sports & PSA Waiver form.

www.Rival-Sports.com