Adult Registration Form

Team Name: _____ League (Circle one): Recreational Power

Captain's Name: _____ Captain's Phone Number: _____

Captain's E-mail: _____ Captain's Address: _____

Roster

	Name	Phone Number	Email	Staff Only
1*				
2*				
3				
4				
5				
6				
7				
8				
9				

*Captains

PAYMENT

Cash _____ **Check Payable to HPVBA** **check # _____**

Credit Card: **Visa ____** **Cardholder Name_____**

Master Card____ **Card # _____**

Amex_____ **Exp. Date_____ Code _____**

Signature _____ Date _____ **Please Fax to 732-415-1324**