



PLAYER'S SIGNUP FORM

All Players must complete this form and turn in with their sanction fees.
Dade (305) 460-2249 & Broward (954) 537-3027

Last Name: _____

First Name: _____

Please fill this form out completely and turn in on your first night of league.

MI (or nickname): _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Team Captain's Name: _____

Location and Night of play: _____

Total Sanction Fees enclosed: \$ _____

This will sanction me for the following League(s): (please circle)

VNEA
\$15

BCA
\$15

ACS
\$15

JOIN ALL
THREE FOR
\$40

Signature: _____ Date: _____

Fold this form around your payment and enclose in the league envelope. Sanctions are good from July 1st through June 30th.

If your Sanction Fee has already been paid, please let us know where and what night it was paid: _____



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