

GLACIER TWINS – 2019 REGISTRATION FORM
(Submit with \$300 Registration Fee)

PARTICIPANT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

PARENT(S) OR GUARDIAN:

MOTHER'S NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE (day): _____ PHONE (evening): _____

EMAIL: _____

FATHER'S NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE (day): _____ PHONE (evening): _____

EMAIL: _____

CONTACT PERSON OTHER THAN ABOVE:

NAME: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

PAYMENT OF \$300 PLAYER REGISTRATION FEE

Amount attached: _____ Cash Check # _____

To be completed by Twins Coach or Board Member:

Received on _____ Received by _____

Option for Payment Plan: