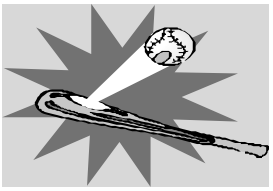
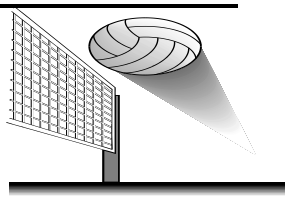
Addison Park District
Adult Athletic Leagues

Team Registration Payment Form

Sport *Circle One*: **Basketball Softball Volleyball**

Season *Circle One*: **Winter Spring Summer Fall**

Team Name:_____ **Uniform Color:**_____

Manager's Full Name:_____

Street Address_____

City:_____**Zip:**_____

E-mail:_____

Work Phone: (_____)_____**Cell Phone:**(_____)_____

Day Registering For:_____ **League Level:**_____

League/ Class Code:_____

Total League Fee:$_____**Amount Paid: $**_____**Date Paid:** _____

Type of Payment *Check one*

_____ **Check** **Check #**_____ **Cash**_____

_____ **Credit Card** *Circle One* **Visa Master Card Discover American Express**

Credit Card#___ ___ ___ ___ ---- ___ ___ ___ ___ -- ___ ___ ___ ___--- ___ ___ ___ ___

Name on Card *Please Print* _____

Credit Card Expiration Date:_____

Signature:_____