



OFFICE USE ONLY	
M/F	AGE
GROUP	

REGISTRATION FORM

Last Name		First Name		Initial
Address			APT. #	
City		State	Zip	
Sex (M/F)	Age Today	Date of Birth		
USA Citizen? Circle YES or NO		If no, country of Citizenship		
Phone Number		Cell		
Email				
Uniform Size		FOR OFFICE USE ONLY USA #		
Shirt size	Pant size	FOR OFFICE USE ONLY AAU #		
Emergency Contact #				
Hospital Name				
Doctor's Name:			Dr.'s Phone Number:	
Any medical condition(s) or known Allergies:				

Cash or Cashapp Please Select Friends and Family US Signature X	Fee- \$230.00 NO REFUNDS	After April 15th- \$250
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Printed Name

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Fees Paid	Major Credit Card	Cash	Money Order
Please circle one			