

THE VILLAGE SHUL BASEBALL REGISTRATION FORM

FULL NAME (FIRST AND LAST): _____

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

ADDRESS: _____

DATE OF BIRTH: _____ / _____ / _____

PLAYER

COACH

COST OF JOINING THE TEAM - \$180

CREDIT CARD DETAILS

CARDHOLDER NAME (AS SHOWN ON CARD): _____

CARD NUMBER: _____

EXPIRATION DATE (MM/YY): _____ / _____

CARDHOLDER POSTAL CODE (FROM CREDIT CARD BILLING ADDRESS): _____

I, _____, AUTHORIZE _____ TO CHARGE MY CREDIT CARD

PLEASE SEND THE COMPLETED APPLICATION TO: DAVID GRANT THE VILLAGE SHUL – FINANCE DEPARTMENT:

DGRANT@VILLAGESHUL.COM

FOR ANY FURTHER QUESTIONS, PLEASE CONTACT: GREG RABIN: GREG_RABIN@YAHOO.COM