



[Large empty rectangular box for registration details]

Player's Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Date of Birth _____
Parent(s) Name _____
Emergency Phone: _____
Email Address _____
Total Payment \$ _____

Make checks payable to and mail to:

Tel: _____ Fax: _____
Email: _____

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ALL PROGRAMS HAVE LIMITED ENROLLMENT

