

WORTH ATHLETIC ASSOCIATION REGISTRATION FORM

Player's Name Birthday Sex (M/F) League

Father _____

Mother _____

Address _____

Address _____

City _____

City _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Registration Fee _____

Registration Cash Received _____

Amount Paid _____

OR

Balance Due _____

Registration Check # _____

Lottery Tickets: 10 for \$100 _____ or 5 for \$50 _____ Check # _____

All fees must be paid in full by April 15th, 2012. Lottery ticket checks will be cashed at that time.

Date _____

Signature _____

CUT HERE: _____

Parent/Guardian Receipt

Total Fees _____ Amount Paid _____ Bal. Due _____ (by 4/15/2012)

CHECK# _____ CASH _____

Lottery Tickets: 10 for \$100 _____ or 5 for \$50 _____ Check# _____ (dated 4/15/2012)