

Little Elm Adult Athletics

Registration Form

Participant inioi	<u>mation</u>					
Name:						
Street Address:						
City:			State:		Zip Code:	
Date of Birth:	Gender:	Male	•	Female		
Email:				Phone:		
•	ng as a team or an indi I you must have a full t registrations must	eam. Foi	softball you	may only	register as a	
Team		I	ndividual			
League/Event	Session # Activ		rity Code Day		of Week	Fee
Payment Inform	<u>ation</u>					
To pay with cash or ch	neck you must register	at the fr	ont desk of t	he recrea	tion center di	uring normal business
	rish to provide your cre					=
you must call Andy Ac	lams at 972-731-1466	and prov	ide the credi	it card info	ormation ove	r the form. You may
also pay by credit card	d at the front desk of th	ne recrea	ation center o	during no	rmal business	hours. You will not be
	or put on the schedule					
_	of Little Elm accepts VIS	-	•	_		•
Name on the Card:						
Credit Card Number:						
Expiration Date:			CVV/CVC	:		
Billing Street Address	s:					
City:			State:	Zip Code:		
•	authorized to draft my credit card ged for the above listed amount a	=	•	•		
Signature of Card Hold	der:					
I authorize this inform	nation to be kept on file	e for futu	ıre use: Yes	ľ	No	