



POLICE ATHLETIC LEAGUE OF BUFFALO, INC



Byron W. Brown
Mayor

TEAM/COACH REGISTRATION FORM

DATE _____/_____/_____

PLEASE MAIL BACK A.S.A.P WITH YOUR PAYMENT

PLEASE CHECK:

FEE: \$250.00

10 & under

BOYS

Age Cutoff January 1, 2014

FEE: \$250.00

12 & under

BOYS

GIRLS

Age Cutoff January 1, 2014

FEE: \$275.00

15 & under

BOYS

GIRLS

Age Cutoff January 1, 2014

FEE: \$275.00

19 & under

BOYS

GIRLS

Age Cutoff January 1, 2014

TEAM NAME _____

COACHES NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

CELL _____

EMAIL _____

TEAM FEE INCLUDED:

YES

NO

CHECK# _____ MADE PAYABLE TO: PAL

CREDIT CARD PAYMENT WAS PHONED IN TO 851-4615

***** REMINDER: ALL FEES MUST BE PAID BY December 20th, 2013. NO EXCEPTIONS WILL BE MADE. *****

MAIL COMPLETED APPLICATION & CHECK TO:

PAL of Buffalo

65 Niagara Square, 21st Floor

Buffalo, NY 14202

Orv Cott - Cell Phone #812-7251

Upon receipt of payment and Team/Coach Registration Form, the following package will be sent to you including:

1. Team Roster
2. Individual Player Forms
3. Rules



Schedules will be presented in package for entire team at 1st game. Teams will be notified verbally for 1st game.

