

POLICE ATHLETIC LEAGUE OF BUFFALO, INC TEAM/COACH REGISTRATION FORM



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

| | | | Individual Player Forms Rules Independent |
|--|----------------|-----------------|---|
| Upon receipt of payme to you including: | ent and Team/C | - 1. | n Form, the following package will be sent Team Roster |
| Orv Cott - Cell Phone | e #812-7251 | | o, NY 14202 |
| MAIL COMPLETED APPL | ICATION & CHE | | f Buffalo gara Square, 21 st Floor |
| RE | MINDER: ALL | FEES MUST BE PA | ID BY June 1st, 2017 |
| | | IT CARD PAYME | INT WAS PHONED IN TO 851-4615 |
| | CHECK# | M | ADE PAYABLE TO: PAL |
| TEAM FEE INCLUDE | D: YES | □NO | |
| PHONE | CELL | | _EMAIL |
| CITY | | STATE_ | ZIP |
| ADDRESS | | | |
| COACHES NAME | | | |
| TEAM NAME | | | |
| 15 & under | BOYS | □GIRLS | Age Cutoff June1, 2017 |
| FEE: \$295.00 | | | |
| 12 & under | DBOYS | | Age Cutoff June 1, 2017 |
| FEE: \$295.00 | | | |
| 10 & under | BOYS | □GIRLS | Age Cutoff June 1, 2017 |
| FEE: \$295.00 | | | |
| PLEASE CHECK: | | | |

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

