

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.

