



Nekia C. Kemp
Executive Director

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



Byron W. Brown
Mayor

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

PLEASE CHECK:

FEE: \$295.00

10 & under

BOYS

Age Cutoff January 1, 2018

FEE: \$295.00

12 & under

BOYS

GIRLS

Age Cutoff January 1, 2018

FEE: \$295.00

14 & under

BOYS

Age Cutoff January 1, 2018

FEE: \$295.00

15 & under

GIRLS

Age Cutoff January 1, 2018

FEE- \$295.00

16 & under

BOYS

Age Cutoff January 1, 2018

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 15th, 2017. .

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.

Independent Health.
Dedicated to Making a Difference