



**NSFLAG**

**REGISTRATION FORM**

Please print and fax to: 631-239-6037

or mail with Payment to:

MHL, PO Box 723, East Northport, NY 11731-1204

*Registration must include payment*

**REGISTRATION INFORMATION**

TEAM

FREE AGENT

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Team Name: \_\_\_\_\_ Captain's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Free Agents – List other players you are joining with:

\_\_\_\_\_  
\_\_\_\_\_

Divisions:  5 on 5 (No Blocking) Indoor

5 on 5 (No Blocking) Outdoor

**PAYMENT INFORMATION**

**Fees: 6 games/playoffs:**

- 5 on 5 Indoor: \$800 (8 - 11 man roster) \$25 ref fee at each game / Free Agent \$105

Method of Payment:  Check  Money order  Credit card  Visa  Master Card  Amex

Name \_\_\_\_\_ Exp date \_\_\_\_\_

Name On Card \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Signature \_\_\_\_\_