Sign Up Summer League

Team Information:

Team Name:_____ **School Affiliation:**	Worcester: _____ (Monday) Marlboro: _____ (Wednesday)
Team Contact Person:	
Contact Cell Phone:	**Contact Home Phone:**
Contact Email Address:	**Contact USPS Mailing Address:**
Check Enclosed for $_____	**Made out to:** WCUFHA, Inc. **Mailed to:** P.O.Box 325, Grafton, MA 01519

$595 per team if you register and pay in full before May 1 - $550

DEADLINE: All applications should be received by June 1 to guarantee a spot.

** Teams will all receive team t-shirts(up to 12 players) to wear. GAME On!

Players: (WCUFHA recommends minimum 10 players, maximum 12 players per team)

NOTE: Only 12 WCUFHA shirts will be available per team, no exceptions