

New England Flames, Inc.
2016 Player Registration Form

Player Last name _____ First name _____ MI: _____

DOB _____ Grade: _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent/ Guardian contact information:

Mother's name _____

Mother's address (if different from above):

Street City State Zip

Mother's work phone _____ Mother's cell phone _____

Mother's email address _____

Father's name _____

Father's address (if different from above):

Street City State Zip

Father's work phone _____ Father's cell phone _____

Father's email address _____

If my daughter accepts a roster position on the Flames, I agree to pay a deposit of \$200.00 within a week from acceptance. This deposit will be the initial deposit of team fees for the coming season. If my daughter decides not to play for the Flames after accepting a roster position, the deposit will not be refunded.

Signature of Parent/Guardian: _____

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For Flames Use

- Try out number : _____
- Drafted by: _____

Uniform Number: _____
Sizes Shirt: _____
 Shorts: _____