



Development Junior Program Registration

Athlete Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Athlete Email: _____ Date of Birth (mm/dd/yy): _____

Parent(s) Email Addresses: _____

Ph. # _____ Cell # _____

Do we have your permission to share your contact info on a program roster? Yes ___ No ___

Please check the group program/s you are signing up for:

- | | | |
|--------------------------|------------------------------|----------|
| <input type="checkbox"/> | Year round (June 1-April 13) | \$960.00 |
| <input type="checkbox"/> | Summer (June 1-Aug 17) | \$280.00 |
| <input type="checkbox"/> | Fall (Aug 27-Sep 28) | \$130.00 |
| <input type="checkbox"/> | Winter (Oct 1-April 13) | \$660.00 |

Total program/s fee: \$ _____

Credit Card Payment: Visa MasterCard Discover

Card Holder Name: _____

Credit Card #: _____

Expiration Date: _____ / _____ V Code (last 3 digits on back of card): _____

Credit card billing address: _____

City: _____ Zip: _____

Total Paid: \$ _____ Check # _____

Signature: _____

Please complete and fax to APUNSC at (907) 564-8943