



General League Registration

League: _____ Session: _____

Division (age, gender): _____ Preferred Division (if applicable): _____

Team Name: _____

Coaches Name: _____ Email: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Manager's Name: _____ Email: _____

Address: _____

Day Phone: _____ Evening Phone: _____

A \$100.00 deposit is required with your registration form.
Full payment is due one-week prior to the league start date.
Teams not paid in full by this date will be removed from the league.

Payment Method: (A \$100 deposit is required with league registration)

Cash: _____

Check: _____

Credit Card:

Card #: _____ Expiration Date: _____

Signature: _____

Mail registration form to:
Total Sports Experience
880 Elmgrove Rd.
Rochester, NY 14624