



INDIVIDUAL REGISTRATION

Player or Coach

Name _____

Date of Birth (month, day, year) _____

Phone Number _____

Mailing Address

Street _____

City _____

State _____

Zip _____

Cost

\$13.00 for 0 Deductible _____ \$8.00 for \$250.00 Deductible _____

TEAM REGISTRATION ONLY: \$30.00

Make copy (copies) and send form and registration fee to:
Bill Bollinger • 7594 Laketown Road • Owensboro, KY 42301 • 270-570-0382
philly@owensboro.net