

Boys Club Registration Form

Club Name: _____

Additional Items:

Private Rules Clinic _____ @ \$400 = \$ _____

Entry Fees: Entire League (includes Qualifier, 4 League Tournaments, and Region Championships) _____ @ \$1300 = \$ _____

Non-League Date: _____ @ \$180 = \$ _____

No Dinx Far Western - January 7-8, 2017 _____ @ \$800 = \$ _____

After Deadline _____ @ \$900 = \$ _____

Other: _____ @ \$ _____ = \$ _____

*** You must register your team(s) online, in AES.** **TOTAL** \$ _____

By submitting this form, it does not automatically enter your team(s) into the event(s). **AMOUNT PAID** \$ _____

Method of Payment: Online Credit Card Check Cash

Checks made payable to: NCVA - 72 Dorman Avenue, San Francisco, CA 94124

Please charge my: VISA MasterCard American Express

Card Number: _____ Exp.: _____ Sec. Code: _____

Card Member Name: _____

Card member's billing Address: _____

Card member's billing City, State: _____

Card member's billing Zip Code: _____

Signature: _____ Date: _____