



# Crossroads to Indy/Indy BCA

## Player Registration Form

Session \_\_\_\_\_

Date \_\_\_\_\_

Location \_\_\_\_\_

Team \_\_\_\_\_

BCAPL Fee \$ 25.00

Valley Fee \$ 25.00

Legal Full Name *	
Date of Birth *	
Phone *	
Email *	
Full Address; Street *	
City, State, Zip *	

\* Required fields

For Group Communication do you prefer?

email \_\_\_\_\_ Text \_\_\_\_\_ None \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_