HTB FLAG FOOTBALL LEAGUE

Registration summer 2024

Last Name:	First Name:	
Address:	Town:	Zip:
Date of Birth:	Present Age	
Parent/Guardian's Name(s):		
Phone (home #):	(cell #)	
Email (mandatory):clearly)		(Please print very
School Name:	C	urrent Grade:
Request to be with: Friend/Coanot guaranteed Jersey size circle one YTone)	Adult (check	one) S M L XL (circle
Volunteer coaches always nee	ded: YES, my name is	
Circle one: Head Assi	stant	
Volunteer Coaches (cell #)	Email:	
Additional siblings deduct \$10	O each	
Flag football \$125.00		
Kickball \$100.00		
Make checks out to Hthffl and mail t	o Hthffl P.O. Roy 1700 Lindenhurs	ot NV 1175

No refunds