

**PHOENIX ELITE FIELD HOCKEY
7 v 7 LEAGUE
REGISTRATION FORM**

Please mail registration form, waiver and session fee to:
P.O. Box 314, Stafford Township, NJ 08050

Name: _____

Address: _____

Parent Email: _____

Parent Cell: _____

School: _____

Grade/ Grad yr: _____

DOB/Age: _____ / _____

Club/Coach (if applicable)

PLEASE CHECK BELOW PROGRAM YOU ARE REGISTERING YOUR ATHLETE FOR:

SESSION 1:

_____ Saturday 10:00 - 12:00 1/2, 1/9, 1/16, 1/23, 1,30, 2/6

SESSION 2:

_____ Saturday 10:00 - 12:00 2/13, 2/20, 2/27, 3/6, 3/13, 3/20