

GLASS CITY ATHLETICS

PROGRAM REGISTRATION FORM

Athlete's Name: _____ Registering for: _____

Athlete's Grade: _____ School: _____ Gender: _____

Address, City, State, Zip: _____

Parent's Name(s): _____

Parent's Email: _____ Parent's Phone: _____

Amount Enclosed _____

(please make checks payable to Glass City Athletics):

Please mail form and payment to:
Glass City Athletics 1590 Albon Road Suite 12, Holland, Ohio

For more information contact Dana Hooper:

 419-261-0067  dahooper@roadrunner.com  glasscityathletics.com