

2019 FPT SQUIRT REGISTRATION FORM



PROGRAM COST: \$595

PLAYER NAME: _____ YEAR: _____

PARENTS: _____ POSITION: _____

CITY: _____ STATE: _____

2018-2019 TEAM: _____

CELL NUMBER: _____

EMAIL: _____

VISA MASTERCARD DISCOVER

CREDIT CARD #: _____

EXP DATE: _____ SECURITY CODE: _____

CHECKS PAYABLE TO: **CHICAGO FURY**

MAIL REGISTRATIONS TO:
CHICAGO FURY
ATTN JIMMY ANDERSSON
10700 W. 160TH ST ORLAND PARK, IL 60467

FAX 708.403.4248 EMAIL: CHICAGOFURYAAAHOCKEY@YAHOO.COM
QUESTIONS: CALL OR E-MAIL JIMMY ANDERSSON (847.560.0151) jandersson21@hotmail.com