



**ATHLETES
COMMITTED
To
EXCELLENCE**

**ALL-STAR
ACADEMY**

Player Registration & Information Sheet

Name _____ Age group HS ___ MS ___

Address _____

City _____ zip code _____

Phone # _____ Cell # _____
(parent/guardian) (parent/guardian)

Email address _____ / _____
(parent/guardian) (parent/guardian)

Name of parent(s)/guardian _____

We request that all ACE members have a credit card on file so that we may bill your card on the first of each month for the monthly fees. We will send you an e-mail confirmation of each charge. If you need other arrangements, please explain on the other side of this paper.

Credit Card Information: VISA MASTERCARD

CC# _____ Exp _____ / _____

Name on Card: _____

Signature: _____ date: _____